

Name
in
Full

Henry A. Kihurst

CERTIFICATE OF DEATH

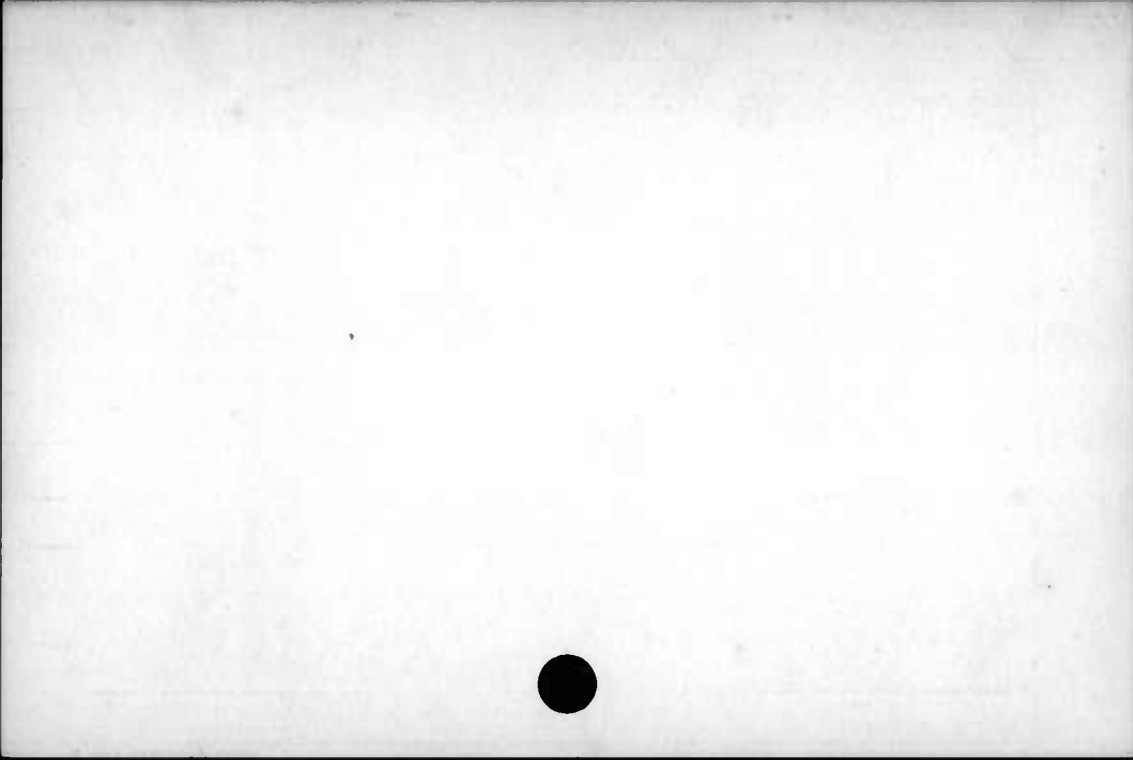
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stonnetown</i>		<i>Ballo</i> County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>2</i>	Age <i>63</i>	Months <i>8</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Florist</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Intestinal Neglect</i>	How long	<i>1 year</i>
Immediate	<i>Cerebral Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Hamilton D. Brown</i>	
		Address	
		<i>712 Branch Ave</i>	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

Nathan L. Allen

CERTIFICATE OF DEATH

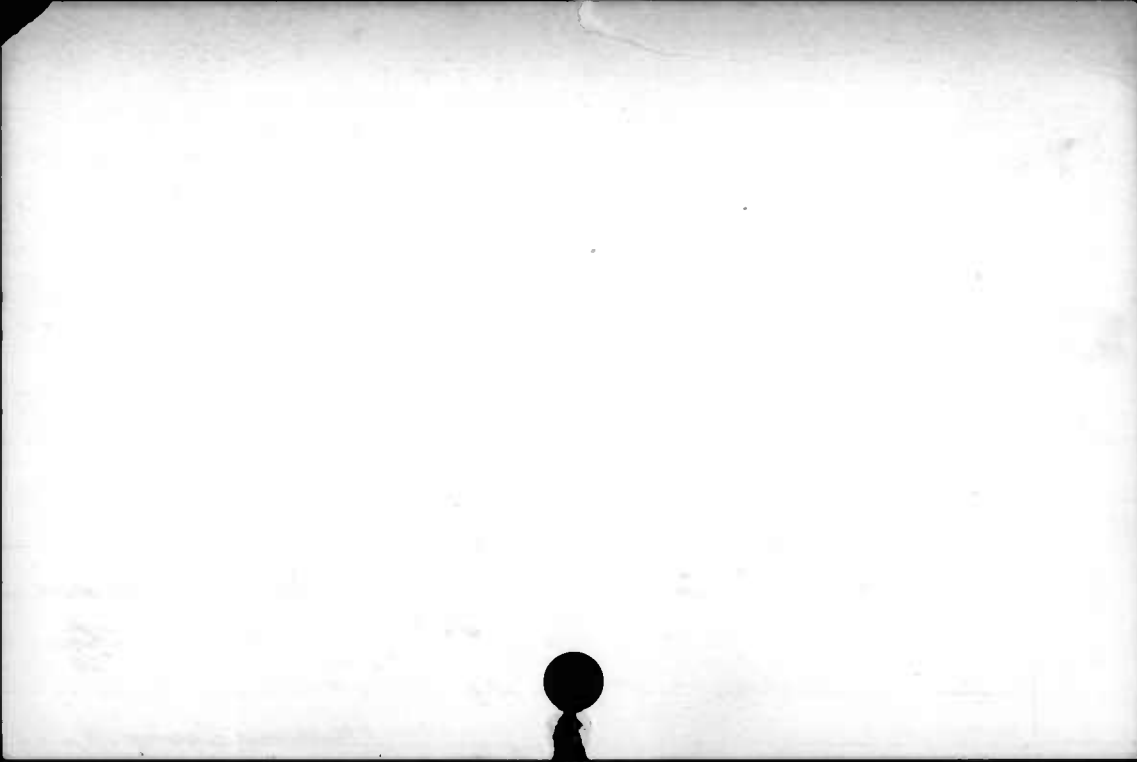
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burnside</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>23</i>	Age <i>7</i> Years	Months —	Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Balt. Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation —		
Name of Wife or Husband —					
Father's Name <i>David C. Allen</i>			Father's Birthplace <i>Balt. Co.</i>		
Mother's Maiden Name <i>Elizabeth Devese</i>			Mother's Birthplace <i>"</i>		
Name of person giving In formation <i>David C. Allen</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism heart disease</i>	How long
Immediate <i>Cardiac exhaustion</i>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>M P E Myers</i>
	Address <i>Pikesville</i>
Accident or Suicide?	



Name
in
Full

Bennet B. Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princeton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>23</i>	Age <i>—</i>	Months <i>3</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Ambrose</i>			Father's Birthplace <i>Balto co Md</i>		
Mother's Maiden Name <i>Lottie C. Quingo</i>			Mother's Birthplace <i>Balto co Md</i>		
Name of person giving information <i>Harry Ambrose</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 1/2 mos</i>
Immediate <i>Enteritis</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Hubert Buckley</i>
	Address <i>Princeton</i>
Accident or Suicide?	<i>Maryland</i>



Name
in
Full

Harry B Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princeton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>1</u>	Age <u>3</u>	Years	Months <u>3</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Princeton</u>		
Married, Single or Widowed <u>Single</u>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>Harry Ambrose</u>			Father's Birthplace <u>Princeton</u>		
Mother's Maiden Name <u>Lottie B. Barnes</u>			Mother's Birthplace <u>Haverdigrave</u>		
Name of person giving information <u>Harry Ambrose</u>			How related to deceased <u>Father's</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 weeks</u>
Immediate <u>Convulsions</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. M. Seader M.D.</u>
	Address <u>Princeton</u>
Accident or Suicide?	<u>NO</u>



Name in Full		John Appel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Putty Hill	County Baltimore		MARYLAND	
	Date of death	1903	Month May	Day 5 th	Age 69	Years 69	Months —
	Sex	Male		Color or Race	White		Birth-place Germany
	Married, Single or Widowed	Married			Occupation Expressman		
	Name of Wife or Husband	Louisa					
	Father's Name	John Appel				Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name	Berrick				Mother's Birthplace	
	Name of person giving information	Samuel Appel				How related to deceased 64	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Apoplexy				How long 10 minutes	
	Immediate	Accident - Fall				How long 5 "	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Chas Brockmeyer J.P. Coroner		
	Address		Fullerton Md				
Accident or Suicide?		Accident					



Name
in
Full

Francis Aquadro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Safes Sanitum</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>V</i>	Day <i>10</i>	Years <i>25</i>	Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Married, Single or Widowed			Occupation <i>Stonecutter</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>						Father's Birthplace	
Mother's Maiden Name <i>—</i>						Mother's Birthplace	
Name of person giving information <i>Angelo Aquadro</i>						How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 mths</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Keown M.D.</i>
	Address <i>1938 Linden Co.</i>
Accident or Suicide?	



Jacob Henry Arnold
 Died at *Benson Ave.* *Baltimore Co (13 Dist)* **MARYLAND**
 Town County

Date *1903* *May* *18* Y. M. D. Age *20-7-+* Native of *Balt. City* Occupation *Pipe fitter*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~
 of
~~Wife~~

Father's Name *George Arnold* 27 Mother's Name *Mary M Arnold*

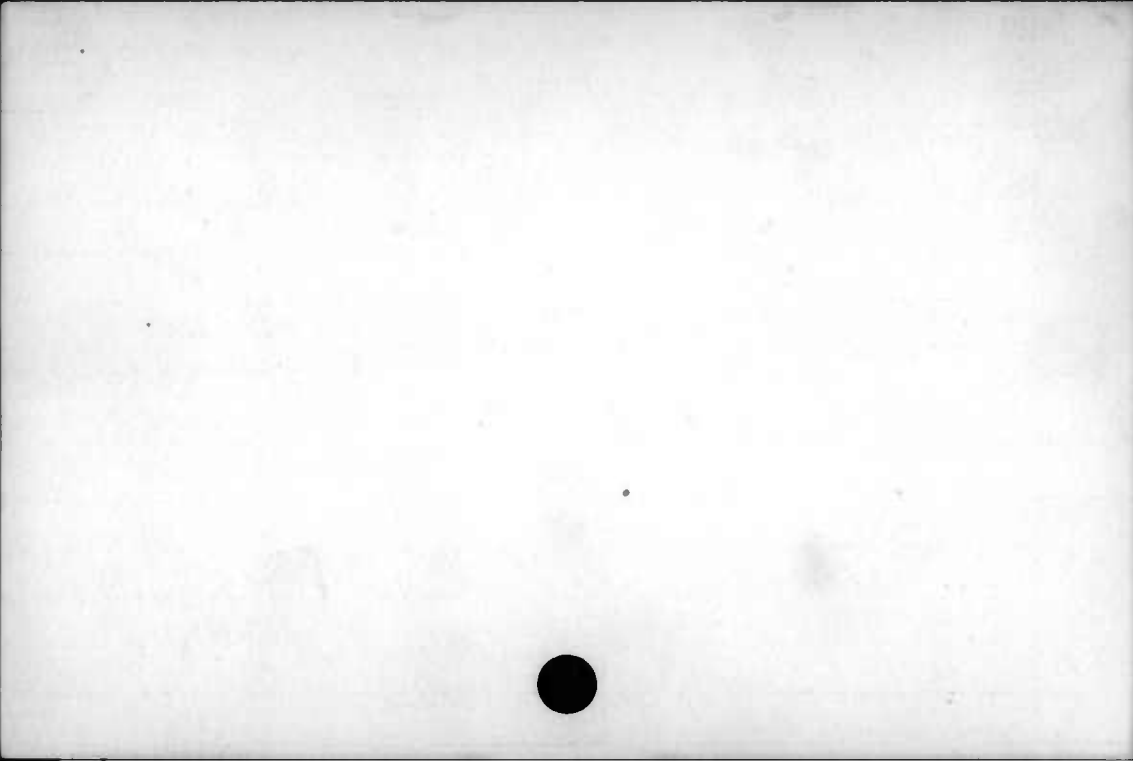
Cause of Death { Primary *Pulmonary Tuberculosis* Immediate *Respiratory failure -* How long sick *about 1 1/2 yrs*
 Accident, Suicide, Homicide

Reported by *Lewis H. Gendry M.D.*

Address *Augusta and Fred [redacted] Ave. - Baltimore*



Name in Full		Rasetta Backler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catoonsville		County Balto		MARYLAND	
	Date of death 1903		Month May		Day 30		Age 61	
	Sex Female		Color or Race White		Birth place Hannburg Ky		Months Days	
	Married, Single or Widowed Widow		Occupation —					
	Name of Wife or Husband —							
	Father's Name —		154		Father's Birthplace			
	Mother's Maiden Name —		Mother's Birthplace					
Name of person giving information Jacob Ruff		How related to deceased Nephew						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long —			
	Immediate General Asthenia				How long —			
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician D. E. Stultz M.D.			
	Accident or Suicide?				Address Catoonsville Ky			



Name in Full		Lida R. Baier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Canton		Baltimore				
	Date of death 19	3	Month	5	Day	17	Years
	Sex	Female		Color or Race	White		Birth-place
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name		John Baier			Father's Birthplace	
	Mother's Maiden Name		Catharine Kuntze			Mother's Birthplace	
	Name of person giving information					How related to deceased	
						Foster	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Convulsion ~				How long
			71				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. W. Jarney, Jr.		
			Address		304 Bond St. E. & E. 20		
Accident or Suicide?							

H. Andersen & Son.

Quartz Curing

Name in Full		Thomas J Ballard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Towson	County Baltimore		MARYLAND	
	Date of death 1903	Month May	Day 1	Age Three	Years	Months	Days
	Sex Male		Color or Race colored		Birth-place Towson		
	Married, Single or Widowed —			Occupation —			
	Name of Wife or Husband —						
	Father's Name Thomas J Ballard				Father's Birthplace Harcster Co Ind		
	Mother's Maiden Name Rosa Cole				Mother's Birthplace Baltimore Col Ind		
Name of person giving information Thos J Ballard				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Measles			How long Three weeks			
	Immediate Pneumonia			How long Two weeks			
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician J. B. Jarrett			
				Address Towson			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

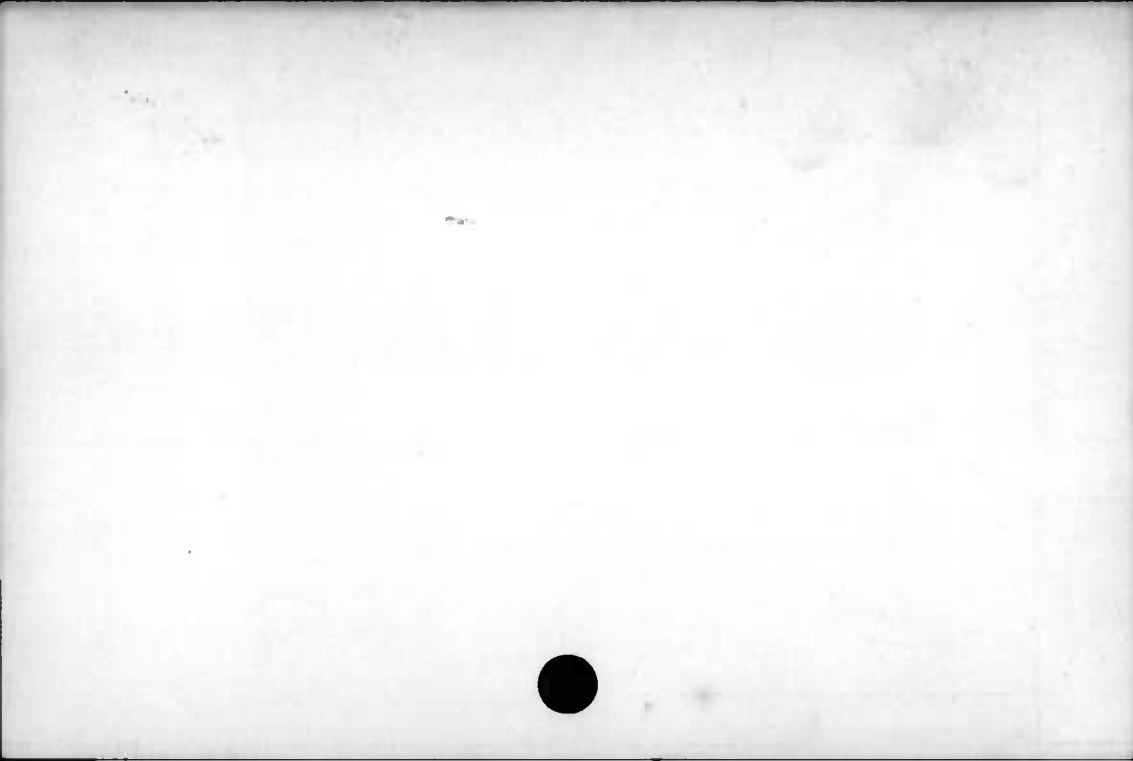
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leatonsville		County Butts		MARYLAND	
Date of death 190	3	Month May	Day 23	Age Years	48	Months	Days
Sex	Male		Color or Race	White		Birth- place	Virginia
Married, Single or Widowed	Married			Occupation	Salesman		
Name of Wife or Husband	X						
Father's Name	X					Father's Birthplace	X
Mother's Maiden Name	X					Mother's Birthplace	X
Name of person giving Information	Y					How related to deceased	X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Paresis		How long	2 1/2 years
Immediate	Exhaustion		How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. H. Kade
			Address	Leatonsville
Accident or Suicide?	No			



Name
in
Full

Mary Harriet Batchelor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Georgetown* ^{County} *Baltimore* MARYLAND

Date of death 190 ³ *May* ²⁴ *Day* *43* ^{Years} *Nov* ^{Months} *11* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Married, Single or Widowed *Married* Occupation *Wife*

Name of ~~Wife or~~ *Mr Lewis* Husband *Batchelor*

Father's Name *Ely Tucker* Father's Birthplace *Harford Co*

Mother's Maiden Name *Emma Teresa Tucker* Mother's Birthplace *Baltimore*

Name of person giving information *Martha Batchelor* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

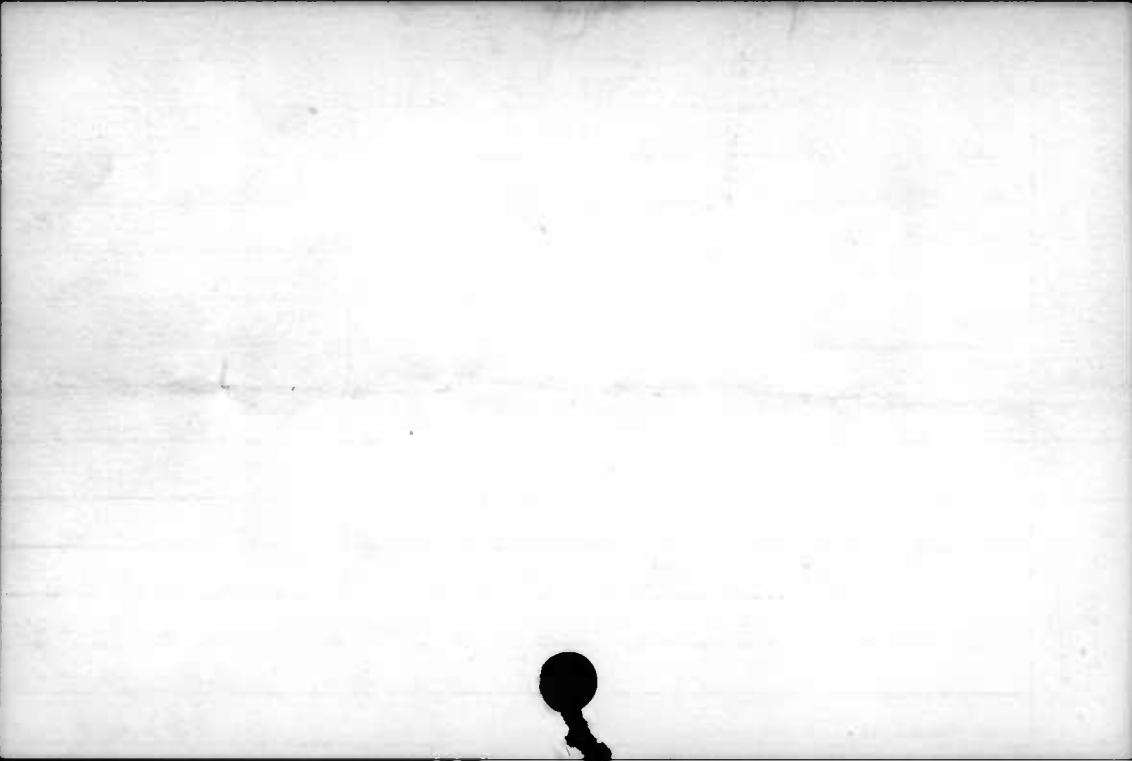
Primary *Albuminuria of Pregnancy* ¹³⁸ How long *6 months.*

Immediate *Asthma & heart failure* How long *2 days.*

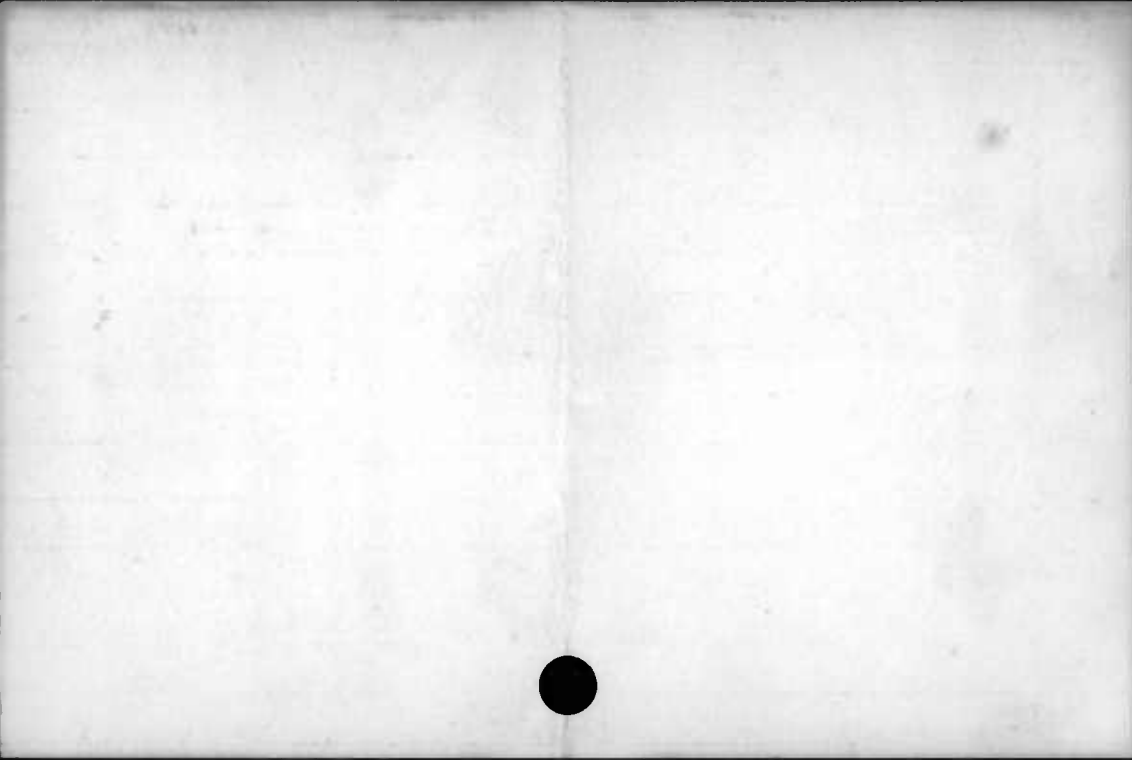
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. O. Cox M.D.*

Address *Rogers & Park Heights a*
Station E. Arlington

Accident or Suicide?



Name in Full		Daniel Banblitz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Years	Months	Days
	Sex		Color or Race	Birth-place			
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
Full

Dora Bell

CERTIFICATE OF DEATH

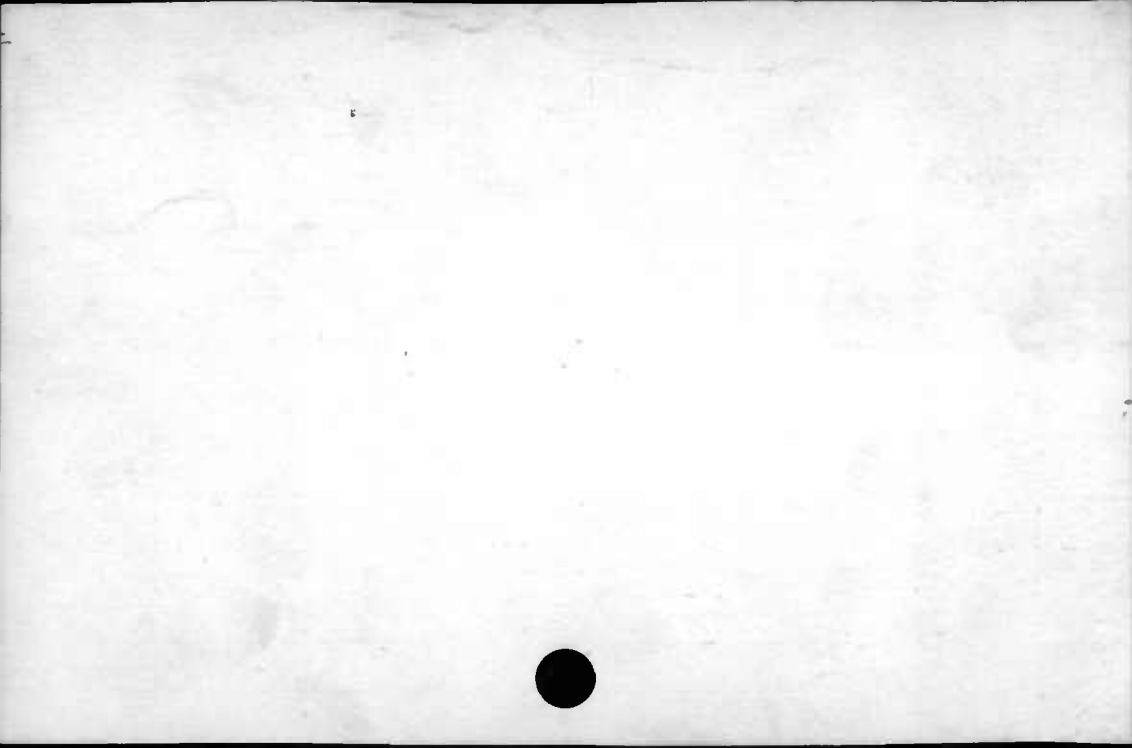
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Granite</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903		Month <i>May</i>	Day <i>28</i>	Age <i>42 1/2</i>	Years	Months <i>1</i>	Days <i>10</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Granite</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Alfred</i>				<i>Bell</i>			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Millie Rogers</i>				Mother's Birthplace <i>Granite</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 years</i>
Immediate	<i>lung failure</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Offutt</i>	
		Address <i>Granite Md</i>	
Accident or Suicide?			



Name in Full Maranda Bell		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Soldiers Delight Town		County Baltimore
	Date of death 190 3 Month 5 Day 16		Age 20 Years
	Sex Female	Color or Race Caucasian	Birth-Place Med-
	Married, Single or Widowed Married		Occupation
	Name of Wife or Husband Henry Bell		
	Father's Name Benjamin		Father's Birthplace -
	Mother's Maiden Name " "		Mother's Birthplace -
Name of person giving information Russ Young		How related to deceased bro	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cystitis		How long 2 weeks
	Immediate Thrombophlebitis		How long
	Are the name, age, sex, color, date and place correctly given above? above		Signature of Physician J E Bell
	correct		Address Thurmanville
	Accident or Suicide?		



Name in Full		Echert Beumiger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Benton</u>		Town <u>Balto</u>		County <u>Balto</u>		MARYLAND
	Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>54</u>	Age <u>1</u> - <u>32</u>	Years	Months <u>3</u>	Days
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Benton</u>			
	Married, Single or Widowed			Occupation <u>Child</u>			
	Name of Wife or Husband						
	Father's Name <u>Joseph Beumiger</u>				Father's Birthplace <u>Austria</u>		
	Mother's Maiden Name <u>Maggie Brown</u>				Mother's Birthplace <u>Balto</u>		
Name of person giving In formation <u>Father Joe Beumiger</u>				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Pneumonia</u> <u>93</u>				How long <u>10 days</u>		
	Immediate <u>Exhaustion</u>				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>C. H. Otter</u>		
					Address <u>21 Hudson St</u>		
	Accident or Suicide?						

W. Sanders & Sons
London Park Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. Biesseal</i>		Town <i>Carleton</i>		County <i>Bach</i>		MARYLAND	
Died at		Date of death 1903		Month <i>5</i>		Day <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>37</i>		Months <i>1</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housekeeper</i>		Birth-place <i>Balto</i>			
Name of Wife or Husband <i>Mrs. Jos Biesseal, deceased</i>		Name <i>Mary Biesseal</i>		Father's Name <i>Aug. Beck</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Paula Beck</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>(Husband)</i>		How related to deceased <i>Father & Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>4 1/2 weeks</i>
Immediate	<i>Rheumatism Heart</i>	How long	<i>do</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Dancy M.D.</i>	
		Address <i>304 Bank at Coll.</i>	
Accident or Suicide?			

St Alphonsus Cemetery
H Sander Sons.

Name in Full

Certificate of Death

Samuel Bowly

Town

County

Died at

Lutheville

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 10

Age

70 1 -

Maryland

Retired

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Samuel H Bowly

Mother's

Maiden Name

Sarah Bowly

Cause of

Primary

apoplexy

Death

Immediate

Pneumonia

How long sick

7 days

Accident, Suicide, Homicide

Reported by

J Chalmers Peebles MD

Address

Lutheville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stem 10 Mower
Bald Can

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Baltimore* ^{Town} *Waken* ^{County}Date of death 190*3* Month *May* Day *13* Age *46* Years Months *9* Days *6*Sex *Female* Color or Race *White* Birth-place *Funkstown*☒ Married, Single
or ☐ Widowed

Occupation

Name of Wife or
HusbandFather's Name *William Bowman*Father's Birthplace *Funkstown*Mother's Maiden Name *Lizzie Iseninger*Mother's Birthplace *Funkstown*Name of person giving
In formation *Sasame E. Wolf*How related
to deceased *Sister*

CAUSES OF DEATH

Primary *Spasm*

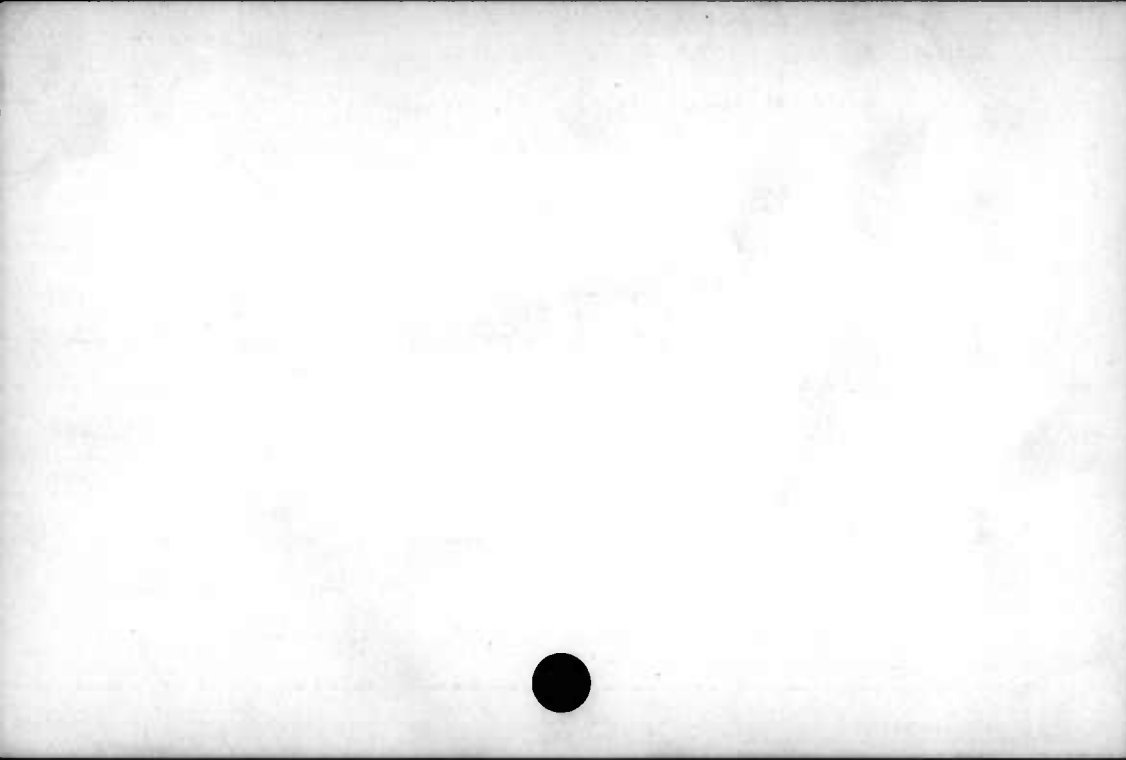
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *L. F. Reeb*Address *Funkstown*

Accident or Suicide?



Name
in
Full

John Thomas

Branch

CERTIFICATE OF DEATH

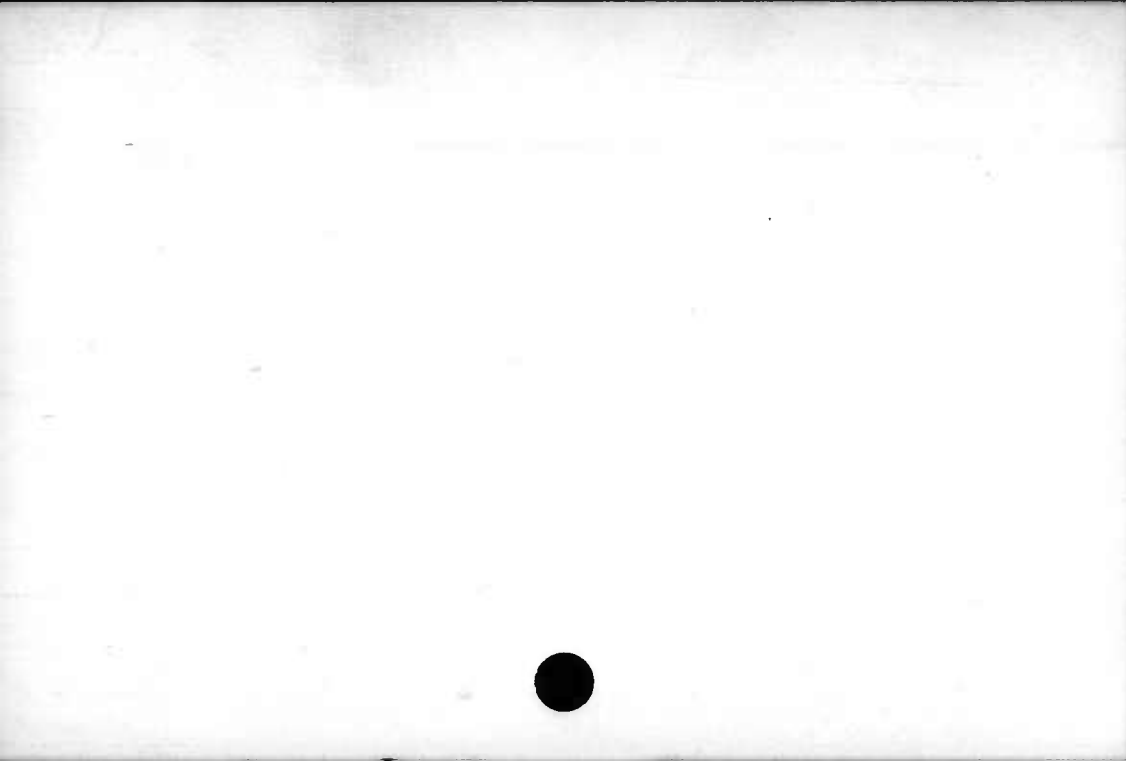
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chase		County Bald		MARYLAND	
Date of death 1903	Month May	Day 30	Age 68	Years	Months 9	Days 21	
Sex Male	Color or Race Celtic		Birth- place Md				
Married, Single or Widowed			Married				
Occupation			Farmer				
Name of Wife or Husband Mary Ellen Branch							
Father's Name Thomas Branch				Father's Birthplace Md			
Mother's Maiden Name Mary H. Ehrman				Mother's Birthplace Md			
Name of person giving Information Amos G. Branch				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	2 or 3 years
Immediate	Asthma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John W. Harrison	
Address		Middle River	
Accident or Suicide?		No	



Name
in
Full

Harriet Prent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>10</i>	Years <i>74</i>	Months <i>x</i>	Days <i>x</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Unknown</i>		
Married, Single or Widowed <i>Unknown</i>			Occupation <i>Unknown</i>		
Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>x</i>				How related to deceased <i>120</i> <i>x</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long <i>1 year</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. Percy Wade</i>
<i>Ind. Hospital for insane</i>	Address <i>Catonsville Md</i>
Accident or Suicide? <i>Neither</i>	



Name in Full

Certificate of Death

Sarah Chilcoat Brooks

Town

County

Died at

Cockeysville

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8th

3

Age

72. 4. 10

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Daniel Brooks Deceased

Mother's

Maiden Name

Chronic Bronchitis

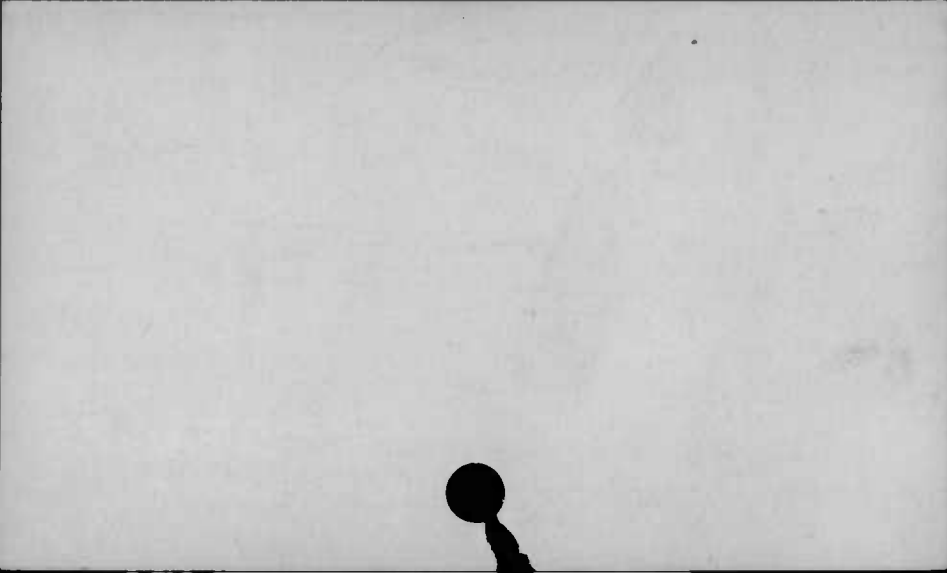
How long sick

6 months

Accident, Suicide, Homicide

General Decline

J. G. Mitchell
Vernon, Md



Evelyn Buckman

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 4

Age 20.

Md

Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 0

Husband

of

Wm S. Buckman

Wife

Father's

Mother's

Name

Maiden Name

Jas Parkins

Mrs Dora Parkins
Green

Cause of

Primary

Anemia

54

How long sick

Indefinite

Death

Immediate

Scurbulous Hemorrhage
Poliomyelitis, & other diseases

Accident, Suicide, Homicide

Reported by

R. B. Norman - MD

Address

3147 Chestnut St Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

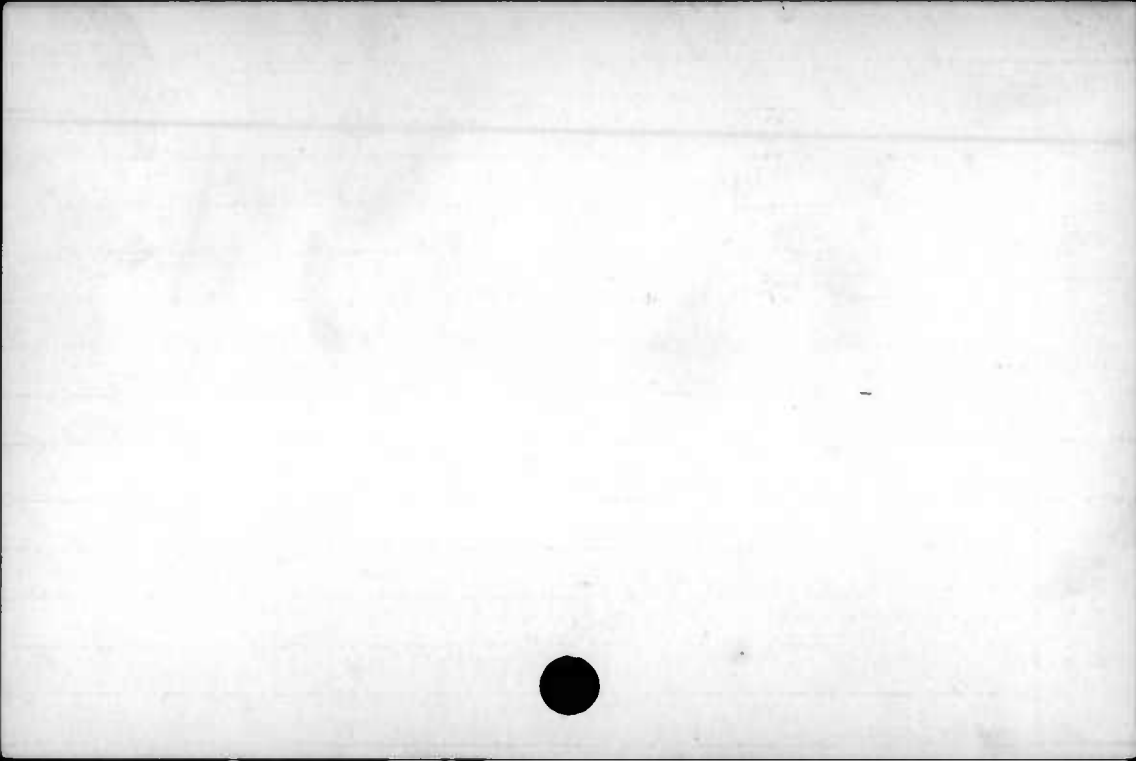
A.S. Maus half

3539 Fall Road.

St Mary Hospital

May 6-03

Name in Full		John Burns				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Dawson</i>		County <i>Baltimore</i>		MARYLAND		
	Date of death 1903	Month <i>5</i>	Day <i>26</i>	Age Years <i>73</i>	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Beth Co</i>			
	Married, Single or Widowed			Occupation <i>undertaker</i>			
	Name of Wife or Husband <i>Temperance Burns</i>						
	Father's Name <i>Thomas Burns</i>			Father's Birthplace <i>Beth Co</i>			
	Mother's Maiden Name <i>Elizabeth Talbot</i>			Mother's Birthplace <i>Beth Co</i>			
Name of person giving In formation <i>Edw E Burns</i>			How related to deceased <i>Son</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Injured by runaway horse</i>			How long <i>May 22</i>			
	Immediate <i>Paralysis & Uraemia</i>			How long <i>166 May 26</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>R. L. Massemburg M.D.</i>			
				Address <i>Dawson Md</i>			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

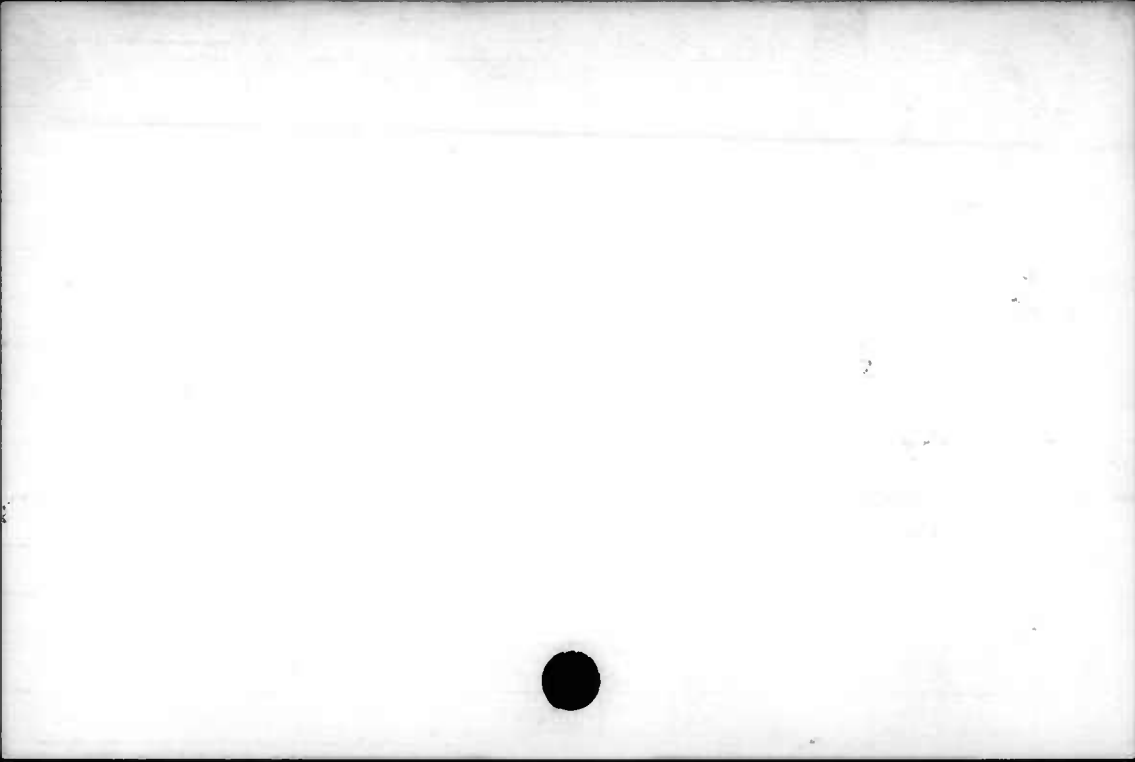
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Graustown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>1st</i>	Age <i>49</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>County Treasurer</i>			
Name of Wife or Husband <i>Elizabeth Bennett Cochran</i>					
Father's Name <i>Thomas J. Cochran</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Charles Cochran</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. M. Duncan</i>
	Address <i>Graustown</i>
Accident or Suicide?	<i>MD</i>



Name
in
Full

Mary F. Collision

CERTIFICATE OF DEATH

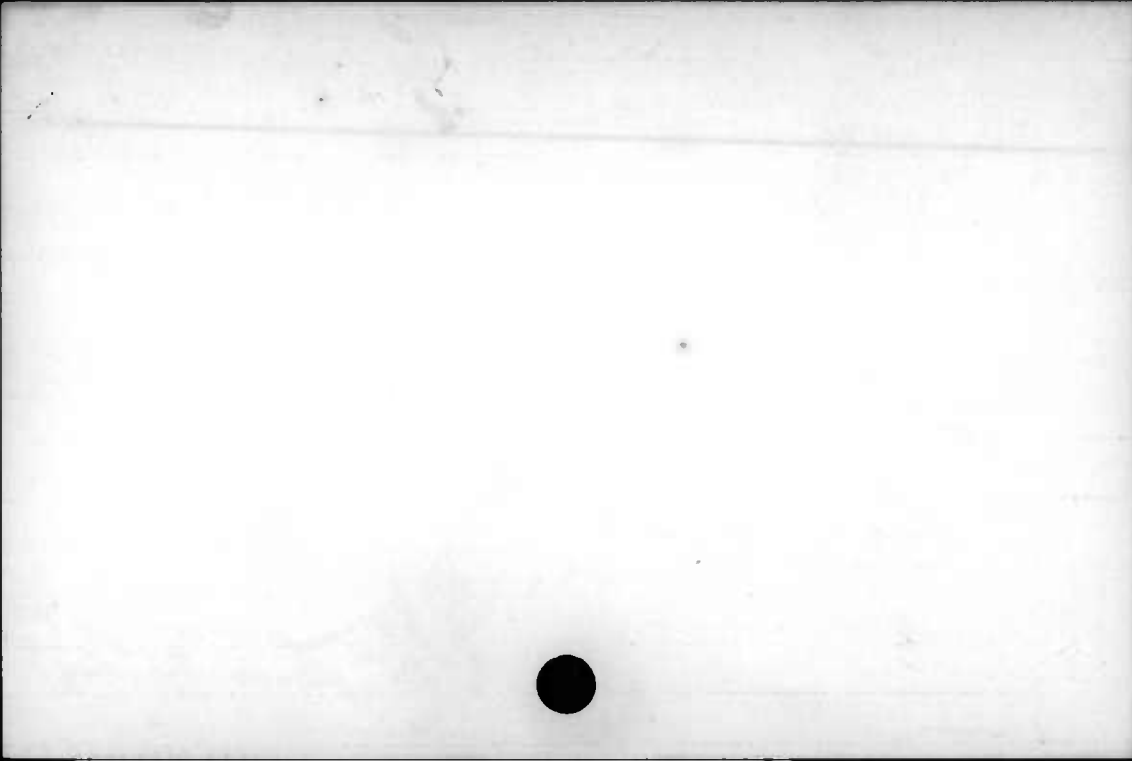
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Healensville</i>		County <i>Bald</i>		MARYLAND	
Date of death 190		3	Month	5	Day	Age	68
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife.	
Name of Wife or Husband <i>X</i>							
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving information <i>X</i>				How related to deceased <i>X</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>9 years.</i>
Immediate	<i>Facial Erysipelas</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Wade</i>
		Address	<i>Healensville, Md</i>
Accident or Suicide?	<i>No</i>		



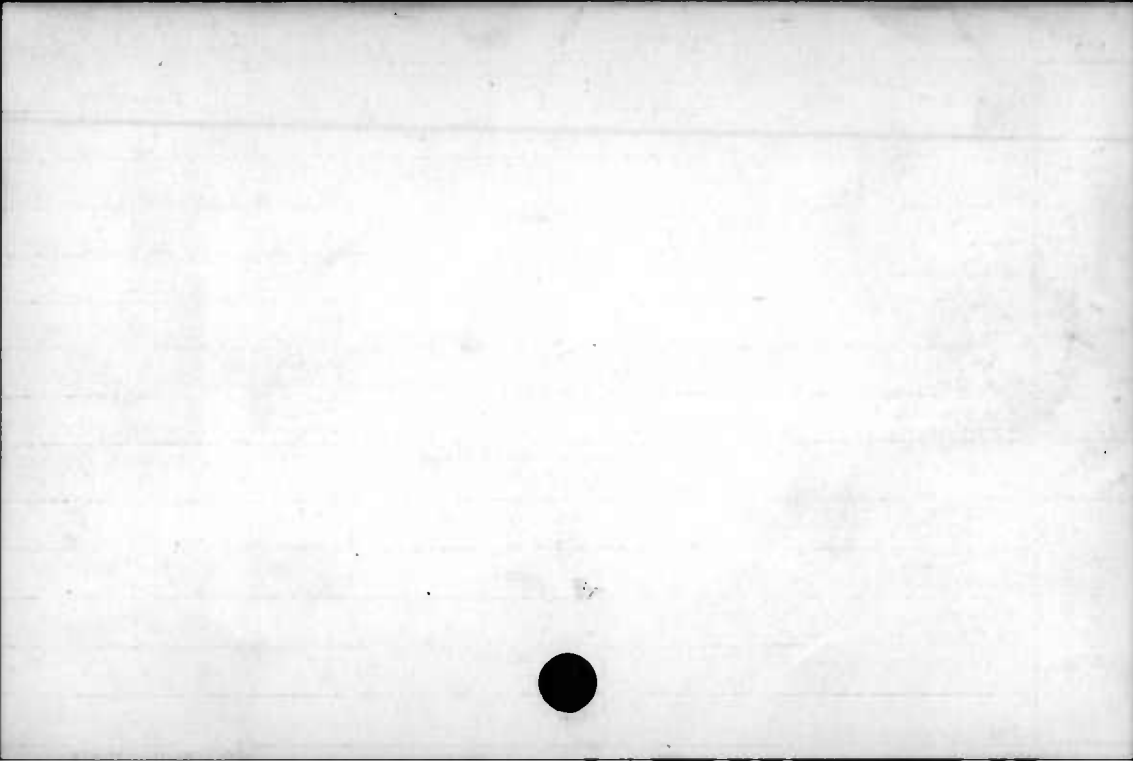
Name in Full		John William Connolly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hightlandtown	County Baltimore		MARYLAND	
	Date of death 1903	Month May	Day 31	Age	Years	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed		single		Occupation		
	Name of Wife or Husband						
	Father's Name	John Connolly				Father's Birthplace	MD
	Mother's Maiden Name	Annie E. Wolff				Mother's Birthplace	MD
Name of person giving information		John Connolly				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart-affected. 150				How long	
	Immediate	run by weak.				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. M. Lanney MD		
			Address		304 Bankers - Ex		
	Accident or Suicide?						

Germanus France

June 1st 1903

St Alphonsus Cemetery

Name in Full S. John Cooke		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near Stevenson Town		Baltimore County
	MARYLAND		
	Date of death 1903	Month May	Day 11
	Age 24 Years		Months 0
	Days 9		
	Sex Male	Color or Race White	Birth-place Baltimore Co.
	Married, Single or Widowed Single	Occupation None	
	Name of Wife or Husband		
Father's Name Adolphus Cooke		Father's Birthplace Beltsville Md	
Mother's Maiden Name Rachel Clark		Mother's Birthplace Howard Co. Md	
Name of person giving information W. C. Cooke		How related to deceased Brother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia		How long 3 yrs
	Immediate Heart failure / Exhaustion		How long 2 weeks or ten days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thomas Taylor
	yes		Address Pikeville Md
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Howard</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>May</i> ^{Month}	<i>10</i> ^{Day}	Age ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John G. Mueller</i>
	Address <i>Corner</i>
Accident or Suicide?	

Shot-by Milford
alias Peter Kosyne.

Name
in
Full

Samuel Cross

CERTIFICATE OF DEATH

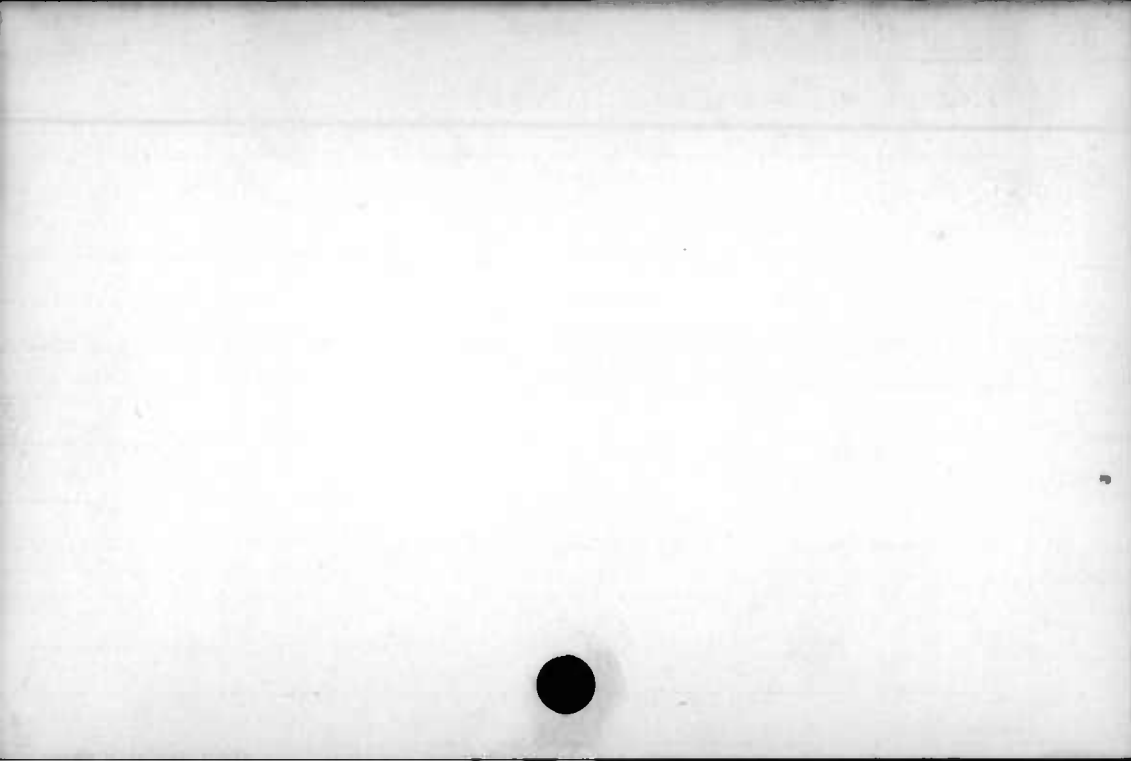
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Tawson</i>		County <i>Bulb</i>		MARYLAND	
Date of death 190	3	Month 5	Day 11	Age 9	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Tawson</i>			
Married, Single or Widowed <i>X</i>				Occupation			
Name of Wife or Husband <i>X</i>							
Father's Name <i>John T. Cross</i>				Father's Birthplace <i>Baltimore Co</i>			
Mother's Maiden Name <i>Jane Nichols</i>				Mother's Birthplace " "			
Name of person giving Information <i>Dr A. L. Massenburg</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Traumatic Tetanus</i>	How long	<i>12 days</i>
Immediate	<i>Asphyxia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. L. Massenburg M.D.</i>	
<i>Yes</i>		Address <i>Tawson</i>	
Accident or Suicide?		<i>MD</i>	



Name in Full

Certificate of Death

Amelia Crowther

Town

County

Died at

Belfast

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5

20

Age

82

10

26

Maryland Housework

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~

Wife

Father's

Name

Michael Crowther

Mother's

Unknown

Maiden Name

Cause of

Primary

General decline

How long sick

134

Death

Immediate

Superinduced by old age

~~Accident, Suicide, Homicide~~

Reported by

Wm C Brooks Undertaker

Address

Philopoli Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70022

Butler June 1st 1903

Name in Full

Lairy Crumwell

Town

County

Died at

Moulton

Baltimore

MARYLAND

Date 19

05

Month

Day

5 24

Y.

M.

D.

Age

21

Native of

M.B.

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

Harry Crumwell

Father's

Name

John C. Y.

Mother's

Maiden Name

Lania Bond.

Cause of

Primary

Inflammatory Rheumatism

How long sick

1 week

Death

Immediate

Pericarditis

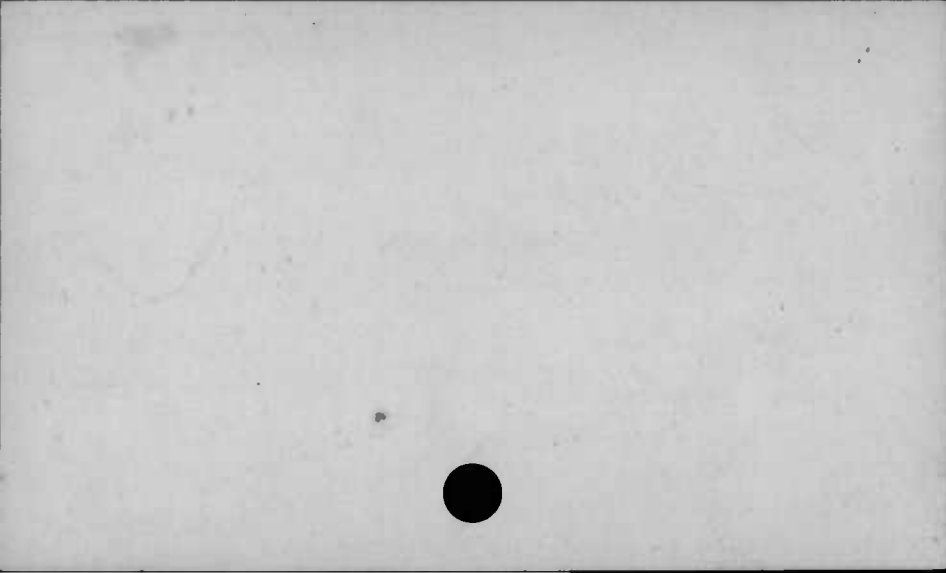
Accident, Suicide, Homicide

Reported by

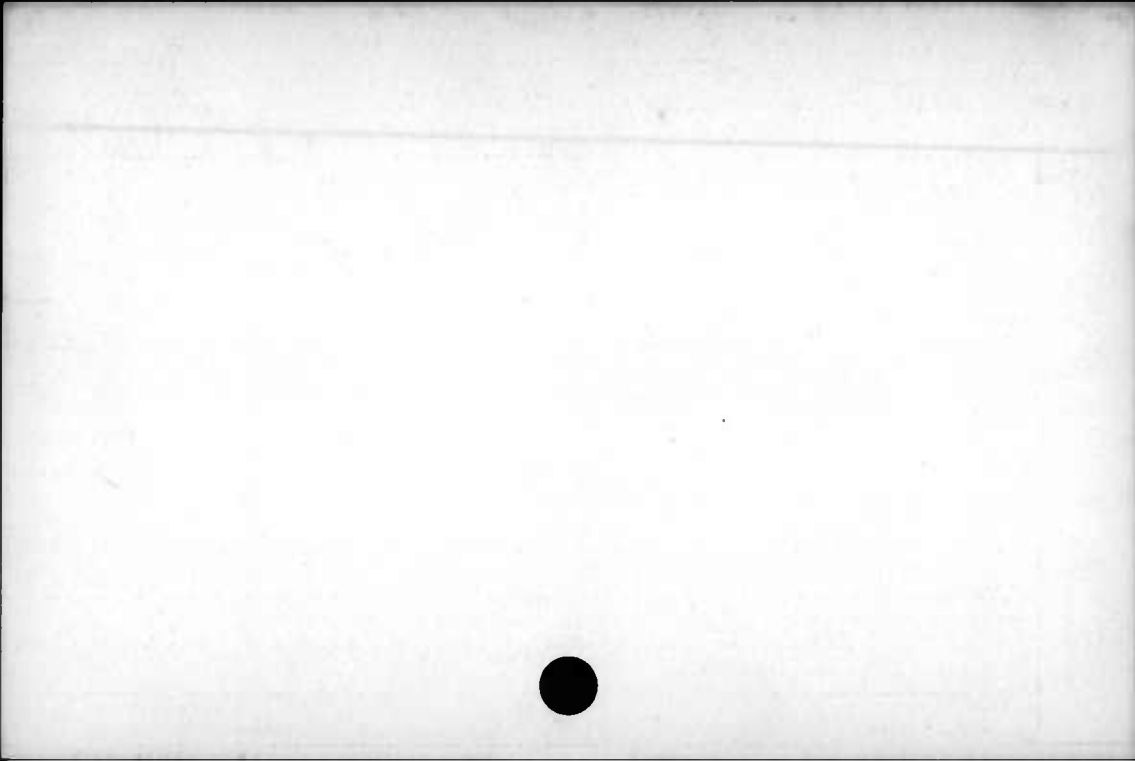
T. Ross Payne M.D.
Curbett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hosp for Consumptions</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		
		Date of death 1903		Month <i>3</i>	Day <i>1</i>	Age <i>21</i>
		Sex <i>Female</i>		Color or Race <i>White</i>	Months <i>6</i>	Days <i>13</i>
		Maiden, Single or Widowed		Occupation <i>Saleslady</i>		
		Name of Wife or Husband				
		Father's Name <i>John C Davis</i>				
PHYSICIAN OR CORONER		Mother's Maiden Name <i>May G. Hughes</i>		Fether's Birthplace <i>Ind</i>		
		Name of person giving Information <i>Physician in charge</i>		Mother's Birthplace <i>Ind</i>		
		How related to deceased <i>None</i>				
CAUSES OF DEATH						
Primary <i>Tuberculosis</i>		How long <i>1 Year</i>				
Immediate <i>Hæmorrhage</i>		How long <i>27 1/2 hours</i>				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frederick R. Reed</i>				
		Address <i>Lorson Ind</i>				
Accident or Suicide?						



Name
in
Full

Infant - Day

CERTIFICATE OF DEATH

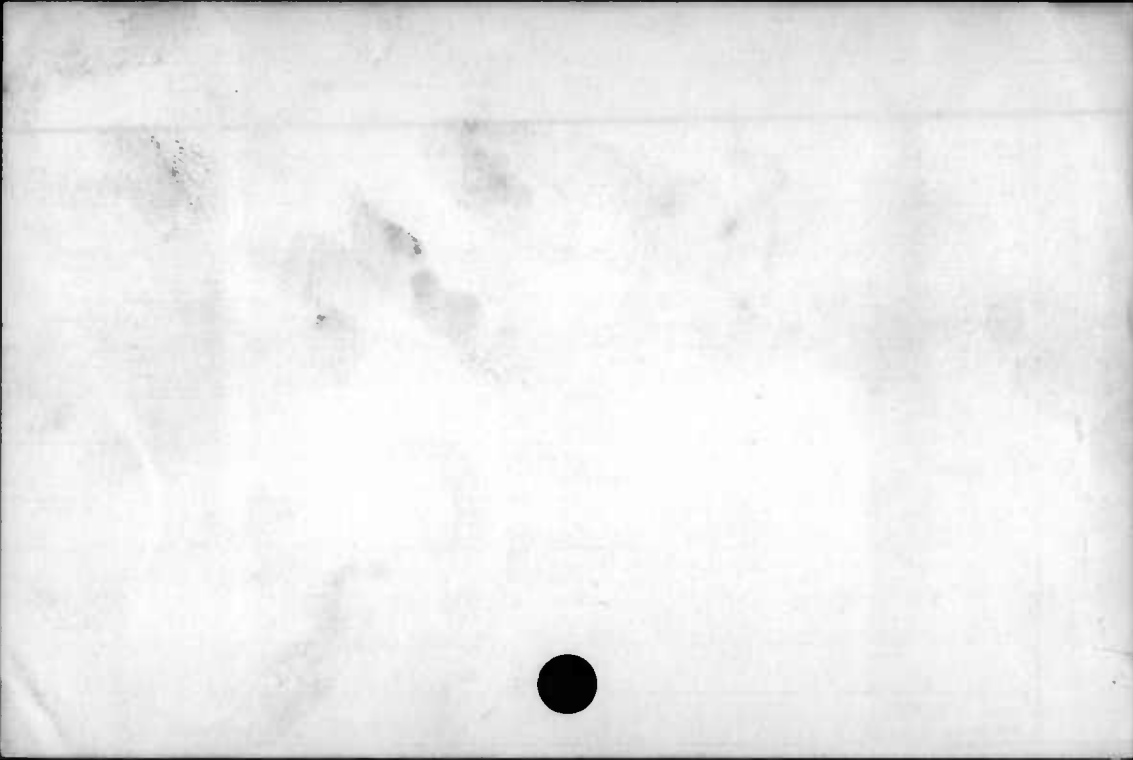
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hullston</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>13</i>	Age <i>1</i> Years Months <i>1</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Balto Co. Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>	
Name of Wife or Husband <i>Stephen Day</i>			
Father's Name <i>Stephen Day</i>		Father's Birthplace <i>Balto Md</i>	
Mother's Maiden Name <i>Fannie Taylor</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Fannie Day</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>1 day</i>
Immediate <i>Still Born</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>August W. Miller</i> <i>Coroner</i>
	Address <i>Mr Minors</i>
	<i>Balto Co Md</i>
Accident or <u>Suicide</u> ?	



Name
in
Full

Eugene Dieterle

CERTIFICATE OF DEATH

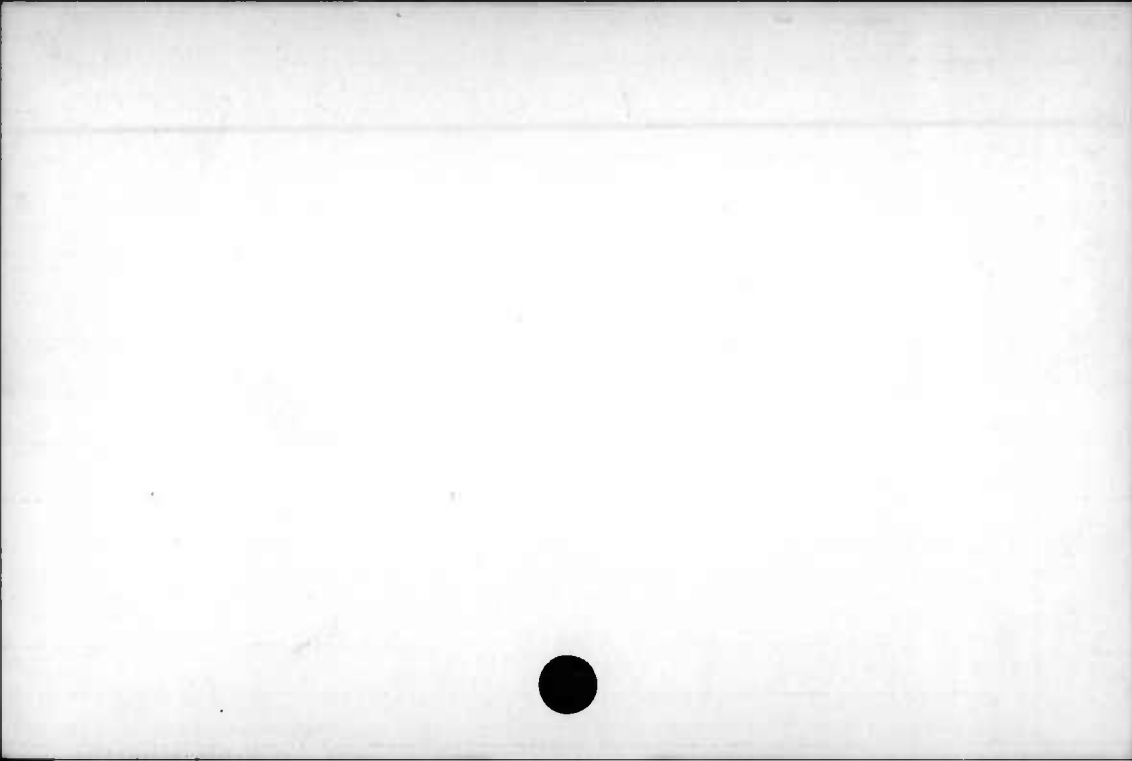
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Leatonville		County		Balto		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death 1903	May	20	Age 39						
Sex	Male		Color or Race	white		Birth-place	Germany.		
Married, Single or Widowed	Married		Occupation	Fresco Painter.					
Name of Wife or Husband	✓								
Father's Name	✓					Father's Birthplace	X		
Mother's Maiden Name	X					Mother's Birthplace	X		
Name of person giving information	X					How related to deceased	X		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Paresis.		How long	2 1/2 years.
Immediate	Cerebral Effusion.		How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		J. Gray Wade.		
		Address		
		Leatonville.		
Accident or Suicide?		no.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		May	16	16			
Sex	Male		Color or Race	Black		Birth-place	Balt. Co.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	5 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Harry Boyd, M.D.		
		602 Columbia Ave		
Accident or Suicide?				



Name
in
Full

Henry Doering Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Halethorpe P.O. ^{County} Balt.Date of death 1903 ^{Month} May ^{Day} 22 ^{Years} 83 ^{Months} 7 ^{Days} 22Sex Male ^{Color or Race} white ^{Birth-place} Germany^{Married, Single or Widowed} ^{Occupation}^{Name of Wife or Husband}^{Father's Name} John Doering ^{Father's Birthplace} Germany^{Mother's Maiden Name} Annie ^{Mother's Birthplace} u i^{Name of person giving information} Tob. ^{How related to deceased}

CAUSES OF DEATH

^{Primary} acute - Diarrhea ^{How long} 18 days^{Immediate} Semibility - Col Exhaustion ^{How long}^{Are the name, age, sex, color, date and place correctly given above?} yes ^{Signature of Physician} Frank H. Ruhl^{Address} Lansdowne, Md.^{Accident or Suicide?}TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jordens

Name in Full		Mary Dougherty				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton	County Baltimore		MARYLAND		
	Date of death 190	3	Month	5	Day	11	Age	
					Years	56	Months	
					Days	—		
	Sex	female		Color or Race	white		Birth-place	
					Ireland			
	Married, Single or Widowed	married		Occupation	Housework			
Name of Wife or Husband	James Dougherty							
Father's Name						Father's Birthplace	Ireland	
Mother's Maiden Name						Mother's Birthplace	"	
Name of person giving information	John Moore					How related to deceased	Son in Law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Paralysis					How long	66
	Immediate	Exhaustion					How long	5 weeks
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	J. W. Schuessler M.D.
							Address	1013 Canton St.
	Accident or Suicide?	—						

St Patrick's Cemetery
H Lander Saus

Name
in
Full

CERTIFICATE OF DEATH

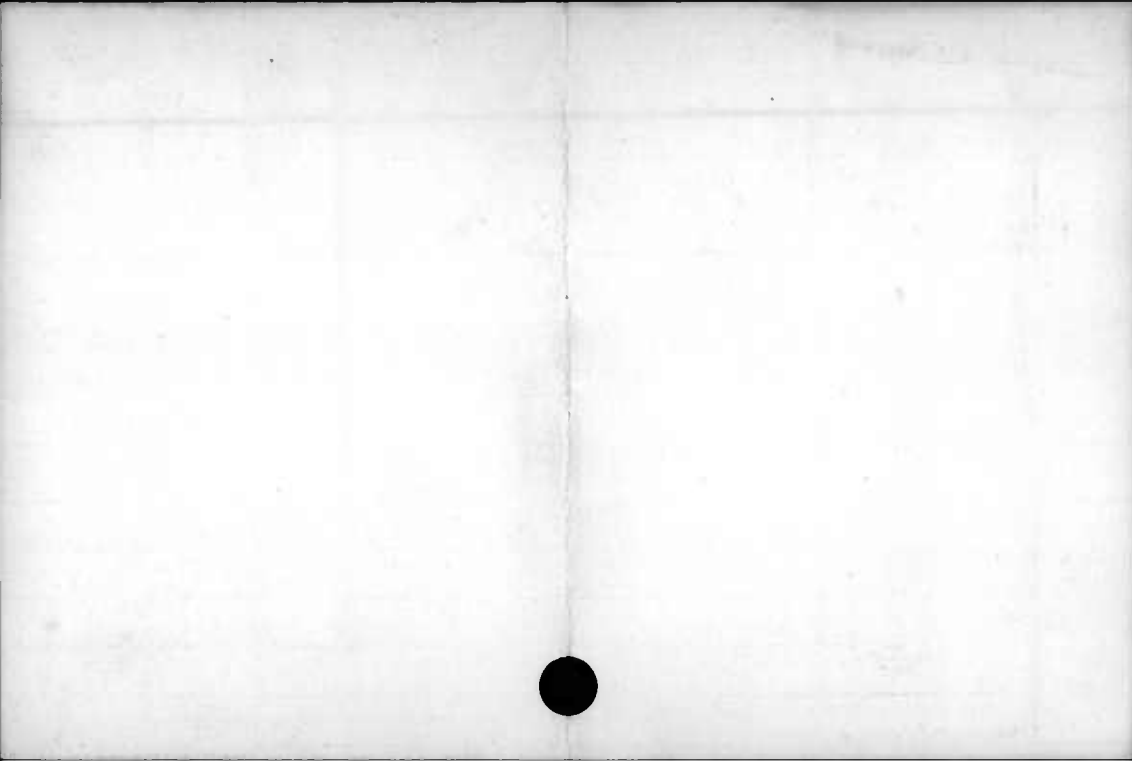
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beckleyville</i>		County <i>Baltimore</i>		MARYLAND					
Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>3rd</i>		Age <i>67</i>		Years <i>1</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Don't know</i>							
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Farmers wife</i>									
Name of Wife or Husband <i>Charles Ensor</i>											
Father's Name <i>Daniel B. Wilhelm</i>		Father's Birthplace <i>Don't know</i>									
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>									
Name of person giving In formation <i>Mrs. Millie Carr</i>		How related to deceased <i>Daughter</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed</i>		<i>179</i>		How long	
Immediate <i>Paralysis of heart</i>				How long <i>Found dead in bed</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. P. Morris M.D.</i>		Address <i>Beckleyville</i>	
Accident or Suicide? _____				<i>Md.</i>	



Name
in
Full

Sarah Elizabeth Ensor

CERTIFICATE OF DEATH

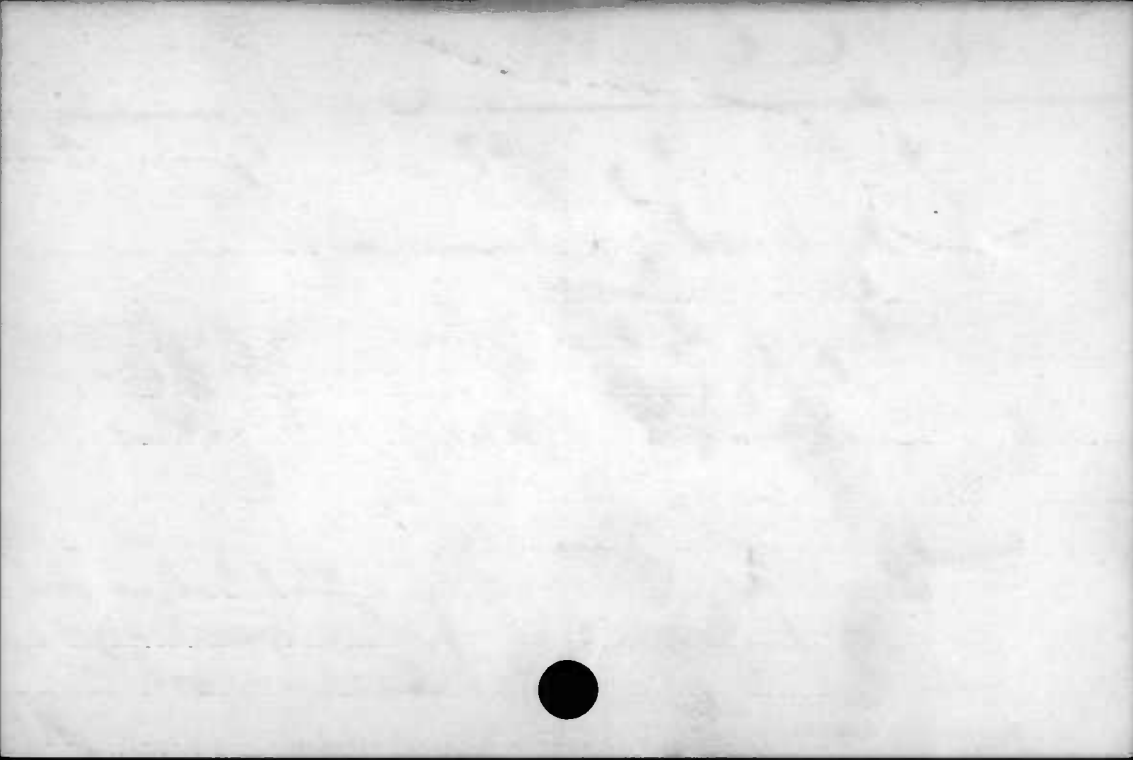
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bondleys Springs</i> ^{County} <i>Balto.</i>		MARYLAND			
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>3</i>	Age <i>19</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Harford Co. Md.</i>			
Married, Single or Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Harry Franklin Ensor</i>					
Father's Name <i>Harry Nelson</i>		Father's Birthplace <i>Harford Co. Md.</i>			
Mother's Maiden Name <i>Mary Jane Sutton</i>		Mother's Birthplace <i>Baltimore Co. Md.</i>			
Name of person giving In formation <i>Clarence D. Ensor</i>		How related to deceased <i>Bro-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abnormal Pregnancy</i>	How long <i>Three months</i>
Immediate <i>Puerperal Septicaemia</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. W. Key & A. R.</i>
<i>St.</i>	Address <i>Millard Street, Carleton, Md.</i>
Accident or Suicide?	<i>St.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John F. Fresh

Died at Amnapolis Road Westport Balt. ^{Town} ^{County}

MARYLAND

Date of death 190 3 ^{Month} May ^{Day} 4 ^{Age} 58 ^{Years} 2 ^{Months} — ^{Days}Sex Male Color or Race White Birth-place Baltimore, Md.Married, ~~Single~~ Married or ~~Widowed~~ Occupation noneName of Wife or ~~Husband~~ Barbara FreshFather's Name Frederick FreshFather's Birthplace GermanyMother's Maiden Name Rosina SeimillerMother's Birthplace GermanyName of person giving information Mary FreshHow related to deceased Sister

CAUSES OF DEATH

Primary Acute Pulmonary Phthisis.How long 12 weeksImmediate ExhaustionHow long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank H. Publ. M.D.
Lansdowne Balt. Co. Md.~~Accident or Suicide?~~PHYSICIAN
OR CORONER

Ph. Dr. H. & L.

Name
in
Full

Harriet Gardner

CERTIFICATE OF DEATH

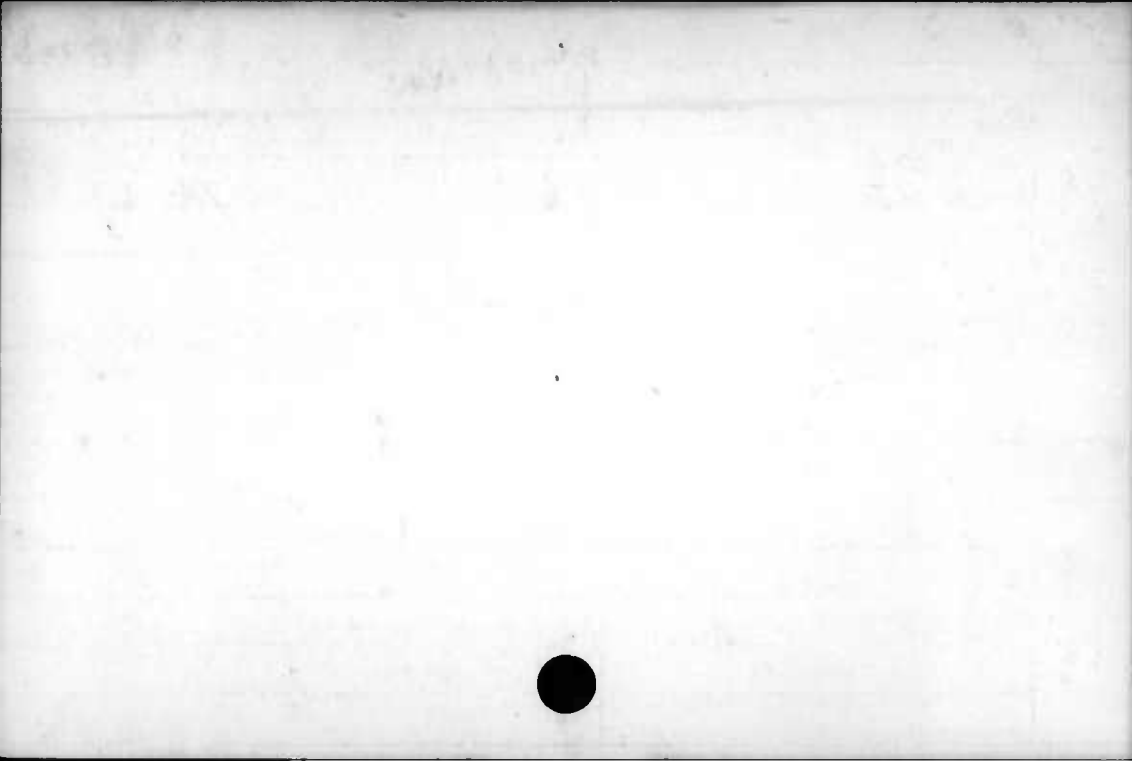
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sanderson</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>5</u>	Day <u>1</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name			167 Father's Birthplace		
Mother's Maiden Name <u>Annie Gardner</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>George Hughes</u>			How related to deceased <u>Mother</u>		

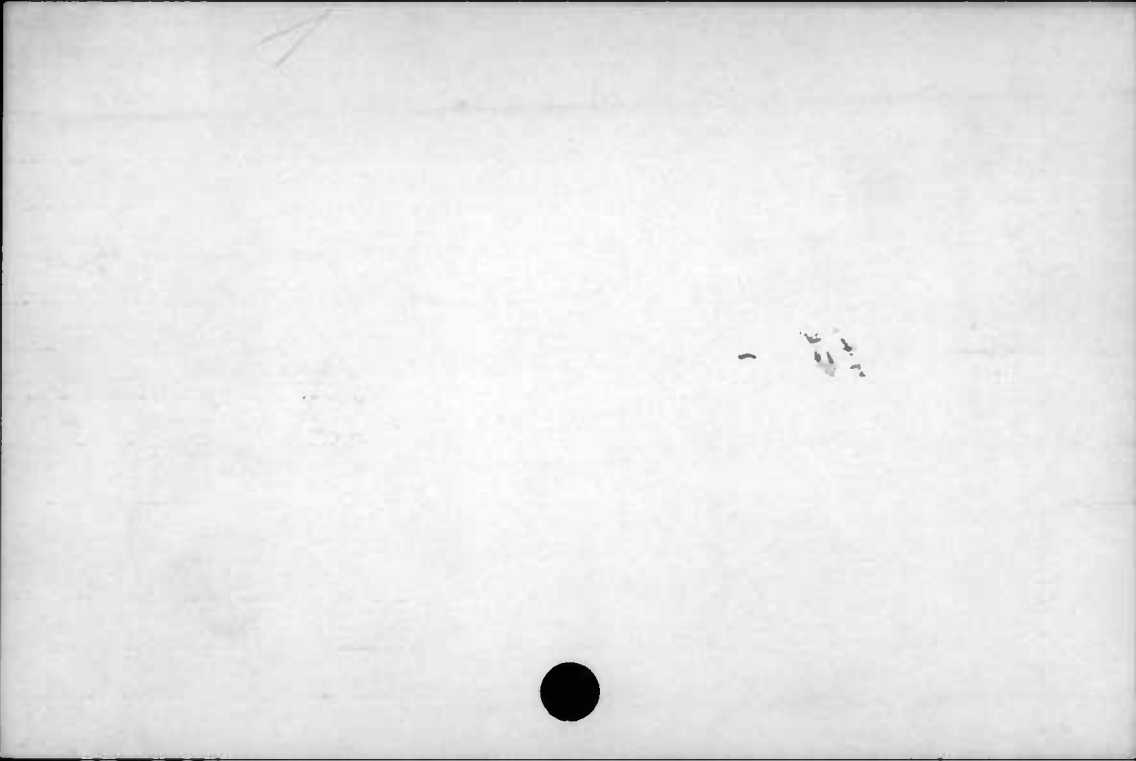
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Suffocation</u>	How long	<u>—</u>
Immediate	<u>Burned</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>August W Williams</u>	
		Address <u>Mr Williams</u>	
Accident or Suicide <u>—</u>		<u>Md</u>	



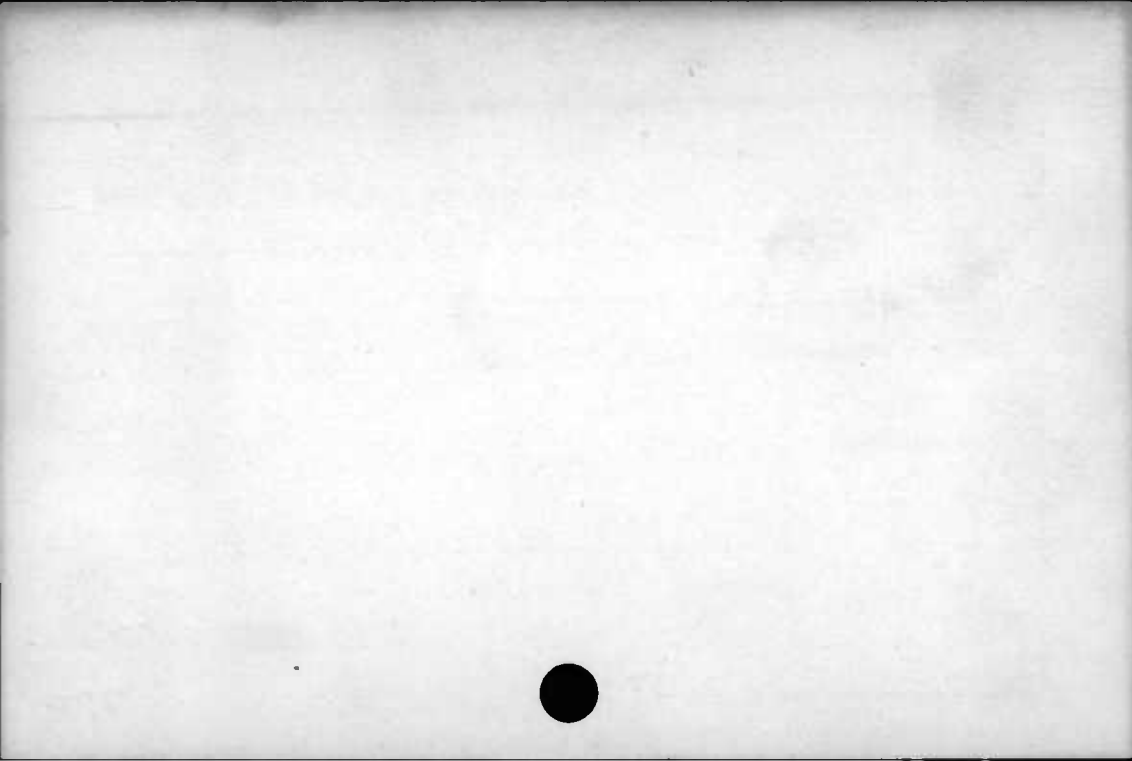
Name in Full		Henry Gayzell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St Agnes Hosp		Baltimore		MARYLAND	
	Date of death	1903	Month 5	Day 10	Age 35	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed		Widower		Occupation		
	Name of Wife or Husband		Alma Gayzell (Deceased)				
	Father's Name		Louis Gayzell		Father's Birthplace		
	Mother's Maiden Name		Mary		Mother's Birthplace		
	Name of person giving Information		Geo A. Miller		How related to deceased		
		Brother in Law					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Laryngeal Tuberculosis				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				1938 Linden Av. Baltimore Md		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Christian Bies				CERTIFICATE OF DEATH	
Died at		Reisterstown		Baltimore		MARYLAND	
Date of death 1903		Month 5	Day 16	Age 59	Years	Months 9	Days 6
Sex Male		Color or Race White		Birth- place Baltimore City			
Married, Single or Widowed		Single		Occupation Shoe Maker			
Name of Wife or Husband							
Father's Name		John Bies Sr			Father's Birthplace Germany		
Mother's Maiden Name		Anna Elizabeth Kraft			Mother's Birthplace Germany		
Name of person giving in formation		H. L. Bies			How related to deceased Brother		
CAUSES OF DEATH							
Primary		Hernia			How long Ten Years		
Immediate		Strangulated hernia			How long 48 hours		
Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician James Gore M.D.		
					Address Reisterstown Md.		
Accident or Suicide?							



Name in Full

Certificate of Death

Died at Ellen Graham Town Huntsville County Baker MARYLAND
 Date 1903 5 14 Month Day Y. M. D. Age 85 Native of Ind Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living One

Husband of Howard Graham
 Wife 79
 Father's Name Mother's Name

Cause of Death { Primary Voluntary disease of heart How long sick
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by T.B. Hall
 Address Not known

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

Ella Green

CERTIFICATE OF DEATH

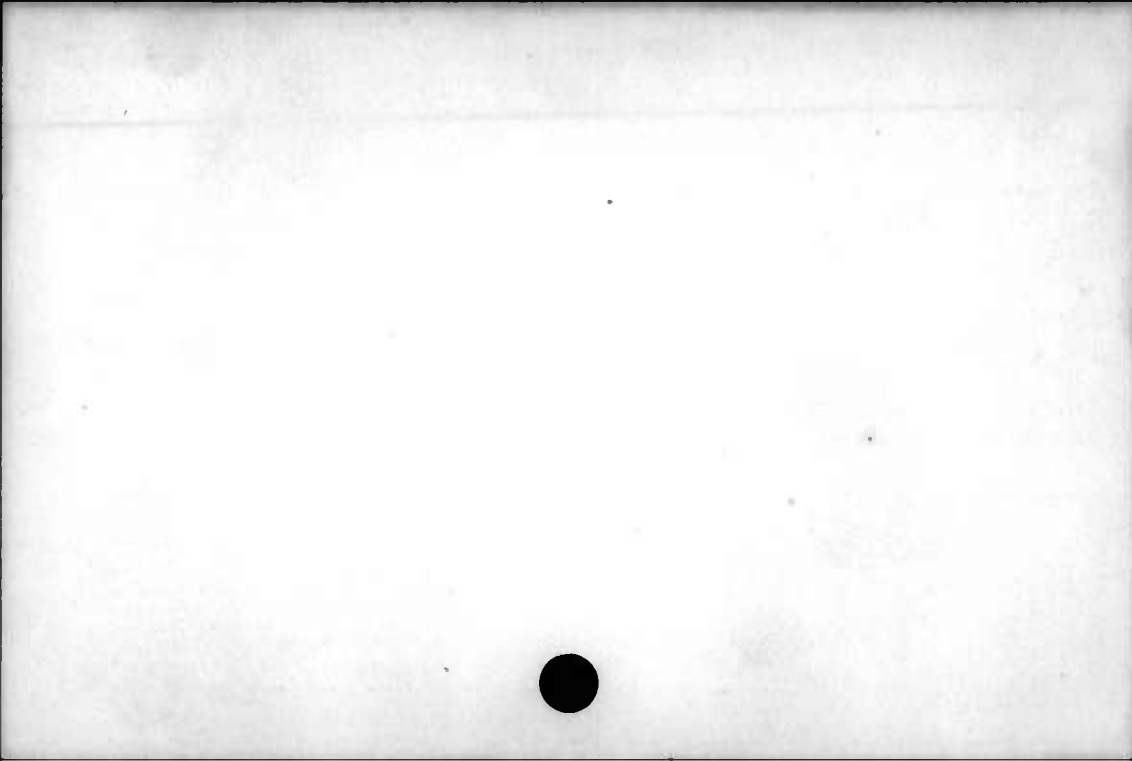
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Sanitarium</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	<i>3</i> ^{Month}	<i>V.</i> ^{Day}	<i>20</i> ^{Years}	<i>42</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Willard W Green</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>W.W. Green</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholangitis.</i>	How long <i>—</i>
Immediate <i>Rupture & perforation of Gall bladder</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Brown MD</i>
	Address <i>1938 Linden Co.</i>
Accident or Suicide? <i>—</i>	



Martha Virginia Harding

Died at

MARYLAND

Date 19

03

May

18

Age

23.

4

4

Native of

Virginia

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Fred. Harding

Elizah W. Elmore

Maiden Name

Louisa Ross.

Primary

Unknown

Immediate

Phthisis Pulmonary

How long sick

9 1/2 months

~~Accident, Suicide, Homicide~~

H. Garvie, M.D.

Elk Ridge Md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr & Annie Cook
502 E. North Ave

Burial at Linden
Park

Wednesday
May 29/1903

Harriet Harvey

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Orange Grove Baltimore Md. Book re.

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living 0

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

For 4 wks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary K. Heaffner.

CERTIFICATE OF DEATH

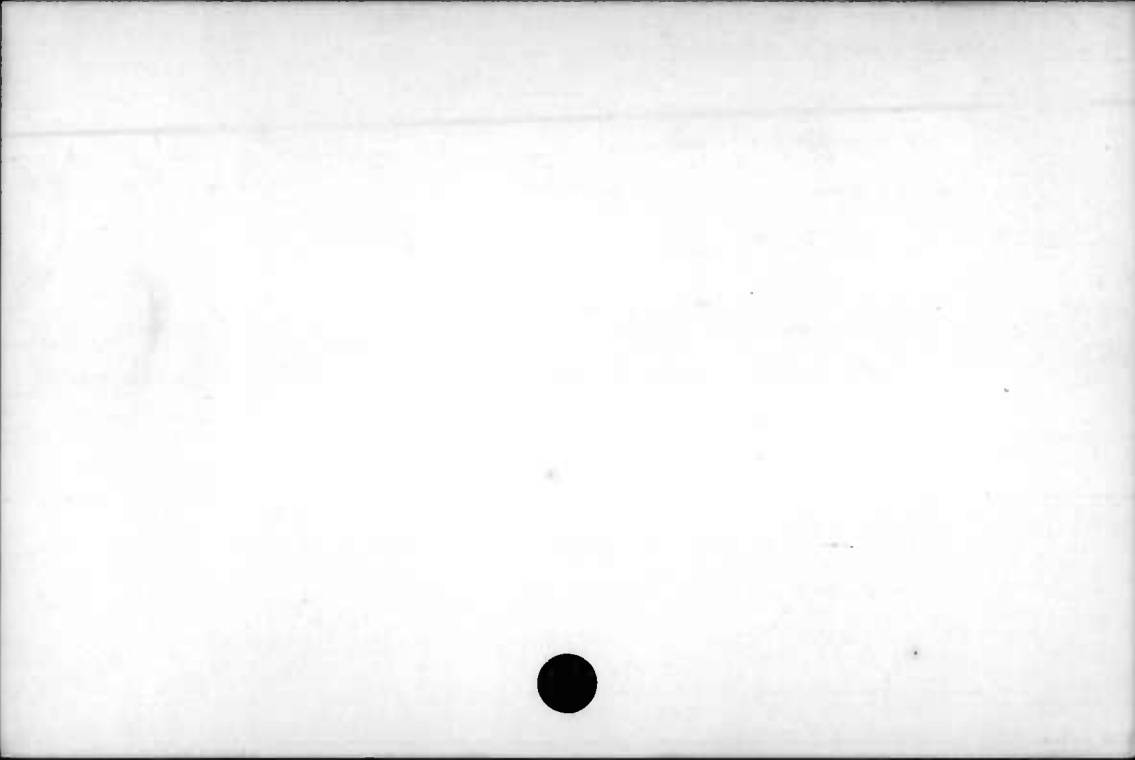
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month	May	Day	15 th	Age	Years 7
						Months	1
						Days	28
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Balt Co. Md.</i>
Married, Single or Widowed	<i>Child</i>		Occupation		<i>- - -</i>		
Name of Wife or Husband <i>- - -</i>							
Father's Name <i>George Heaffner</i>				Father's Birthplace <i>Balt Co. Md.</i>			
Mother's Maiden Name <i>Reenie Ochoe</i>				Mother's Birthplace <i>Balt. Md.</i>			
Name of person giving information <i>Lizzie Thompson</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malignant Atactic Scarlatina</i>		How long	<i>2 days</i>
Immediate	<i>Coma and Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Frank H. Kuhl</i>	
			Address <i>Lansdowne, Md.</i>	
Accident or Suicide? <i>- - -</i>				



Name in Full Barbara Heinlein		CERTIFICATE OF DEATH			
Died at Canton Town		Baltimore County		MARYLAND	
Date of death 1903	Month May	Day 17th	Age 2 Years	Months 3	Days —
Sex Female	Color or Race white		Birth-place Balto. Co. Md.		
Married, Single or Widowed single			Occupation none		
Name of Wife or Husband _____					
Father's Name John Heinlein			Father's Birthplace Germany		
Mother's Maiden Name Anna Burger			Mother's Birthplace Germany		
Name of person giving information John Heinlein			How related to deceased Father		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Laryngeal diphtheria		How long 3 days		
	Immediate Asphyxiation		How long one day		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician David D. Jones		
			Address 3118 O'Donnell St		
Accident or Suicide? —					

Holy Redeemer Cemetery

May 18th 1903

Germanus France

Unlabeled

Name
in
Full

CERTIFICATE OF DEATH

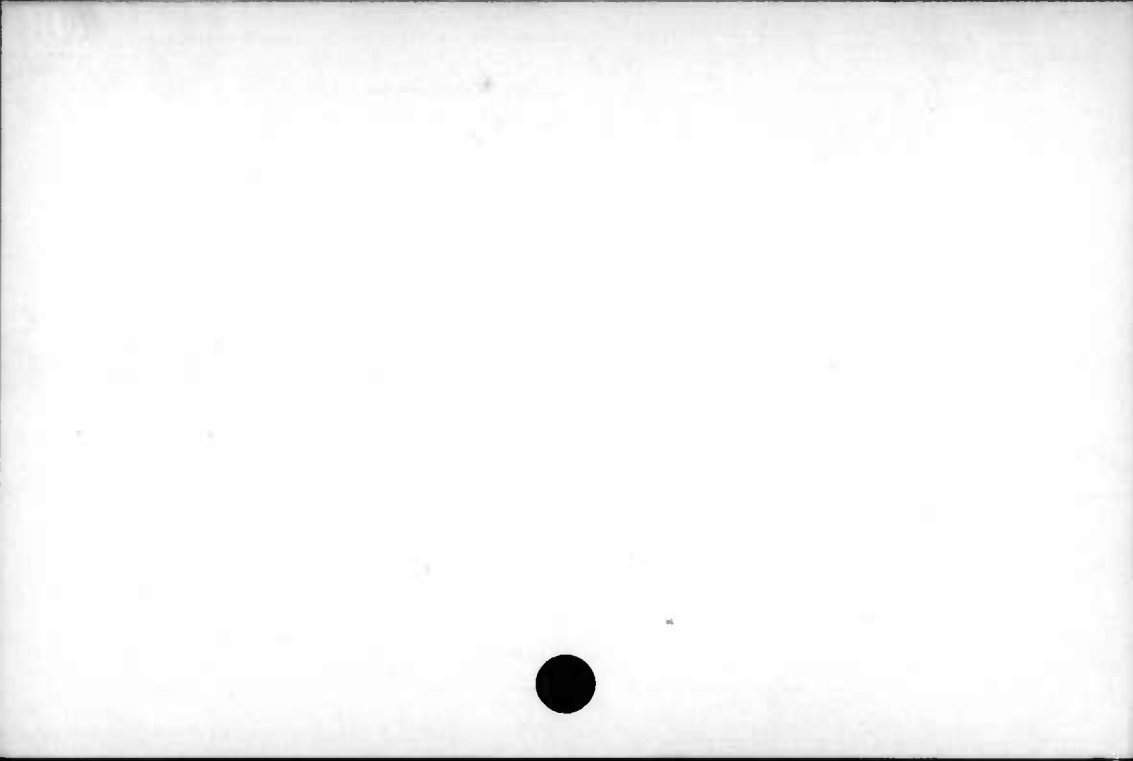
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Helmsmeyer</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>3</i>		Day <i>29</i>		Years <i>63</i>	
Date of death 190 <i>3</i>		Month <i>5</i>		Day <i>29</i>		Age <i>63</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>German</i>		Months <i>-</i>	
Married, Single <i>Widowed</i>		Occupation <i>Shoemaker.</i>		Days <i>-</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Wife</i>				How related to deceased <i>166.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Reven</i>	
		Address <i>Coroner</i>	
Accident or Suicide?			



Name
in
Full

Marie Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Canton TownBaltimore CountyDate
of death 1903

Month

May

Day

22nd

Age

Years

1

Months

2

Days

Sex

FemaleColor or
RacewhiteBirth-
placeBalto. Co. MdMarried, Single
or Widowedsingle

Occupation

noneName of Wife or
Husband_____Father's
NameFrank HillFather's
BirthplaceMarylandMother's
Maiden NameMary ReynoldsMother's
BirthplaceMarylandName of person giving
informationFrank HillHow related
to deceasedFather.

CAUSES OF DEATH

Primary

Abdominitis

How long

3 weeks

Immediate

Exhaustion

How long

4 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

David W. Jones M.D.
3118 W. Bonnell St~~Accident or Suicide?~~

Sacred Heart Cemetery

May 23rd 1963

Germanus France

Under taker

Name in Full

Certificate of Death

6

Irene Hickner

Town

County

Baltimore Co Md

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903

5

8

Age

3

2

2

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Meningitis

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E J Williams, L.D.

Address

1114 Chesapeake

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of Mt Carmel

Seen by Coroner May 10th 1903

of St Michaels & Son
1820 Canton Ave

Information contained in this certificate received

from _____

of _____

Name
in
Full

Susanmah Kiss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkerville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>8</u> Day	Age <u>88</u> Years	<u>3</u> Months	<u>7</u> Days
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Fredrick</u>		
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housework</u>				
Name of Wife or Husband <u>Edm Kiss</u>					
Father's Name <u>Fredk Kiss Smith</u>			Father's Birthplace <u>Fredk and</u>		
Mother's Maiden Name <u>Elij Olean</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Wm J Kiss</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	<u>154</u>	How long	<u>1 day</u>
Immediate	<u>Heart failure</u>		How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo F Gorse</u>		
		Address <u>Gordonsville</u>		
Accident or Suicide?		<u>no</u>		



Name in Full		Elizabeth Boeneweg				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Highlandtown		County		Baltimore
	Date of death 190		3	Month	May	Day	9
	Age		73	Years	4	Months	4
	Sex		Female	Color or Race		White	Birth-place
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband		Bonasuper				
	Father's Name		Mother's Maiden Name		Father's Birthplace		
Mother's Name		Neme of person giving information		Mother's Birthplace			
How related to deceased		Son					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia - Bilateral			How long	
	Immediate		Cardiac Paralysis			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.			Signature of Physician	
						Address	
	Accident or Suicide?					1713 Oak St -	

Baca dan
Kanda dan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Marie Hoffman* County *Balto*
Died at *Canton* Maryland
Date of death 190*3* Month *5* Day *3* Age Years *1* Months *5* Days *3*
Sex *Female* Color or Race *White* Birthplace *Balto*
Married, Single or Widowed Occupation
Name of Wife or Husband
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving information *105* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Narasmus*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *S. Wright*Address *1023 Canton st*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>401 Orleans East</i>		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>23</i>	Age <i>—</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Boy</i>	Color or Race <i>white</i>		Birth-place <i>Orleans St</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Huber</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Christine Martin</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Joseph Huber</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gar. L. Orsney MD</i>
	Address <i>309 Gough St</i>
Accident or Suicide? <i>—</i>	<i>Highlandtown</i>

Sacred Heart Cemetery

May 25th 1903

Germanus France.

Undertaken

Name
in
Full

Katie Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Sandover ^{Town}Baltimore ^{County}

Date

of death 1903

Month

5

Day

1

Age

Years

2

Months

—

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Mott's Run, Md.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

George Hughes 167

Father's
Birthplace

Md

Mother's
Maiden Name

Eugene Gardner

Mother's
Birthplace

Md

Name of person giving
In formation

George Hughes

How related
to deceased

Father

CAUSES OF DEATH

Primary

Suffocation
Burned

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

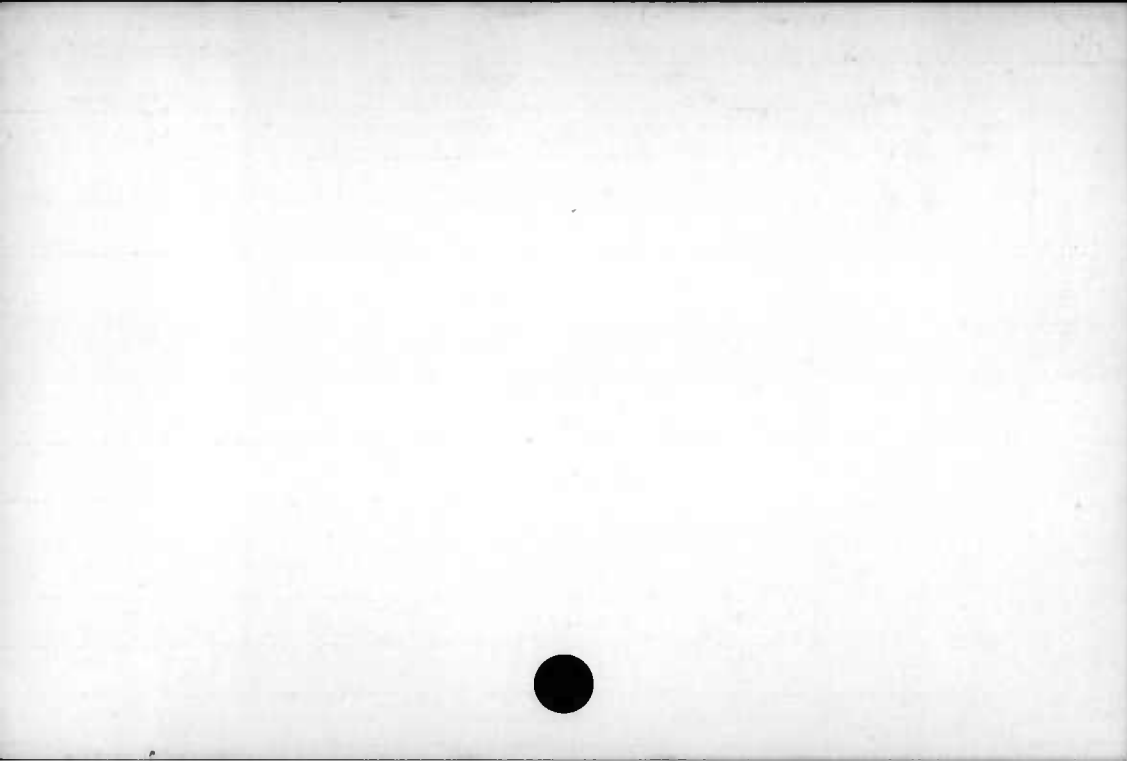
Address

August W. Mills Coroner

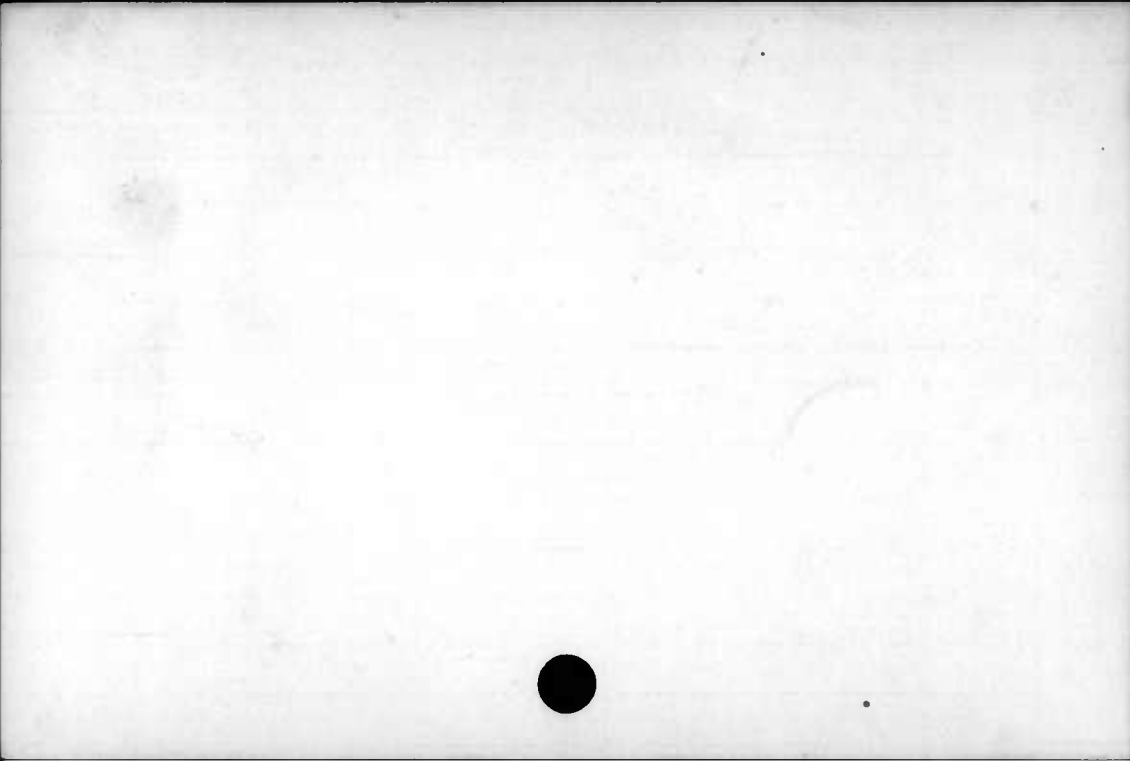
Mr. Williams

Md

Accident or Suicide



Name in Full William Hughes		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Landonne <small>Town</small>	Balt <small>County</small>	MARYLAND
	Date of death 190 3 <small>Month</small> 5 <small>Day</small> 1 <small>Years</small> 3	3 <small>Months</small>	— <small>Days</small>
	Sex Male	Color or Race colored	Birth-place Amos Bunde Md
	Married, Single or Widowed —	Occupation —	
	Name of Wife or Husband —		
	Father's Name George Hughes	Father's Birthplace Md.	
	Mother's Maiden Name Agnes Gardner	Mother's Birthplace Md	
Name of person giving information George Hughes	How related to deceased Brother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Suffocation 167	How long —	
	Immediate Burned	How long —	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician August W. Miller, M.D.	
		Address Mr Williams Md	
	Accident or suicide ?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

James F. Jones -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cross Keys		Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	May	30	16				
Sex	Male		Color or Race	Color.		Birth-place	Baltimore
Married, Single or Widowed	Single		Occupation	Scholar.			
Name of Wife or Husband							
None							
Father's Name	Thomas Jones.					Father's Birthplace	W. Va.
Mother's Maiden Name	Mary E. Hall.					Mother's Birthplace	W. Va.
Name of person giving information	W. J. Holman					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

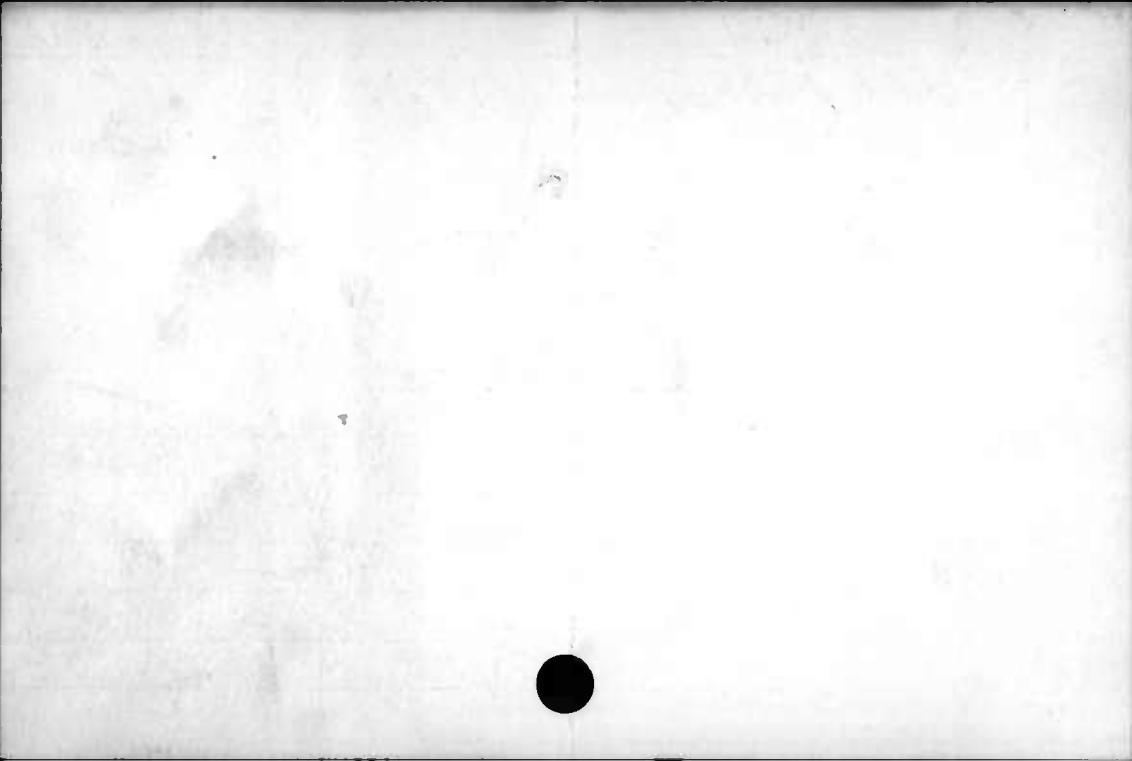
Primary	Spinal Meningitis		How long	6 months
Immediate	Tubercular Enteritis		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. R. Warrington
			Address	765 - 3rd Ave
Accident or Suicide?				

A. S. Marshall
3539 Falls Road

Zion Church Cemetery
Baltimore

May 12

Name In Full		Kreal, Justice				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town White Hall	County Balt		MARYLAND	
	Date of death 1903	Month May	Day 27	Age Years 75	Months —	Days —	
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed		Widowed		Occupation		Farmer
	Name of Wife or Husband		Elizabeth Wise				
	Father's Name		dont know		Father's Birthplace		dont know
	Mother's Maiden Name		dont know		Mother's Birthplace		dont know
Name of person giving In formation		Thos E. Ennor		How related to deceased		Brother-in-law	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Chronic Capillary Bronchitis			How long 1 year	
	Immediate		Heart failure			How long 3 or 4 months	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		R R Norris	
	yes			Address		Parkton	
	Accident or Suicide?					Ind	



Name
in
Full

CERTIFICATE OF DEATH

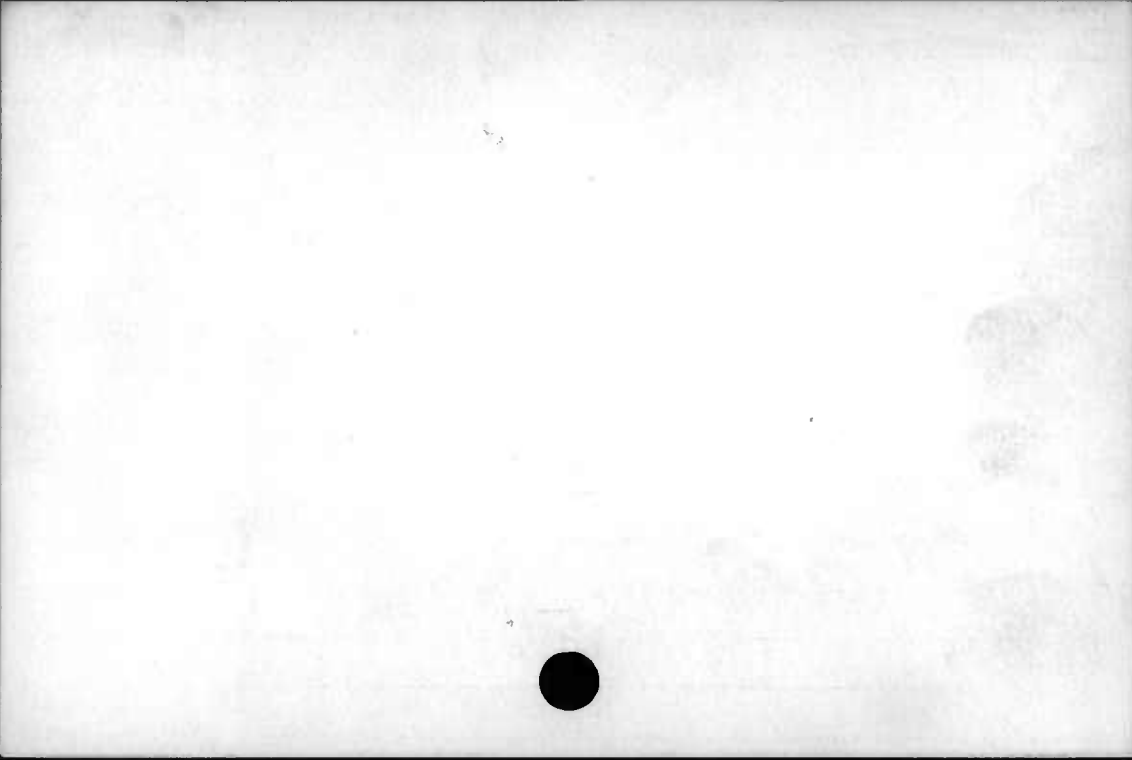
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Ignace Sanitarium</i> ^{Town} <i>Back</i> ^{County}		MARYLAND	
Date of death 190 <i>1</i> ^{Month} <i>May</i> ^{Day} <i>6</i> ^{Years} <i>31</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Russia.</i>	
Married <i>Single</i> or Widowed		Occupation	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngeal tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yls</i>	Signature of Physician <i>M. Ryan M.D.</i>
	Address <i>St Ignace Sanitarium</i>
Accident or Suicide? <u> </u>	



Name in Full <i>Lena Keller</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Canton</i> ^{Town}		<i>Baets</i> ^{County}
	Date of death 1903 ^{Month} <i>May</i> ^{Day} <i>20</i>		Age ^{Years} <i>42</i> ^{Months} <i>7</i> ^{Days} <i>—</i>
	Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>
	Married, Single or Widowed <i>Single</i>		Occupation
	Name of Wife or Husband <i>Chas Keller</i>		<i>35</i>
	Father's Name		Father's Birthplace <i>Germany</i>
	Mother's Maiden Name		Mother's Birthplace <i>"</i>
	Name of person giving information <i>Chas. Keller</i>		How related to deceased <i>husband</i>
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Post partum hemorrhage</i>		How long <i>on home</i>
	Immediate <i>Asthma</i>		How long <i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G L Wilkins</i>
			Address <i>C N Brady</i>
	Accident or Suicide? <i>—</i>		

N. Evangelii Gen.

H. SANDER & SONS,

PRINTERS & BOOKSELLERS, 10, N. B. ST., N. Y.

Name

in
Full

CERTIFICATE OF DEATH

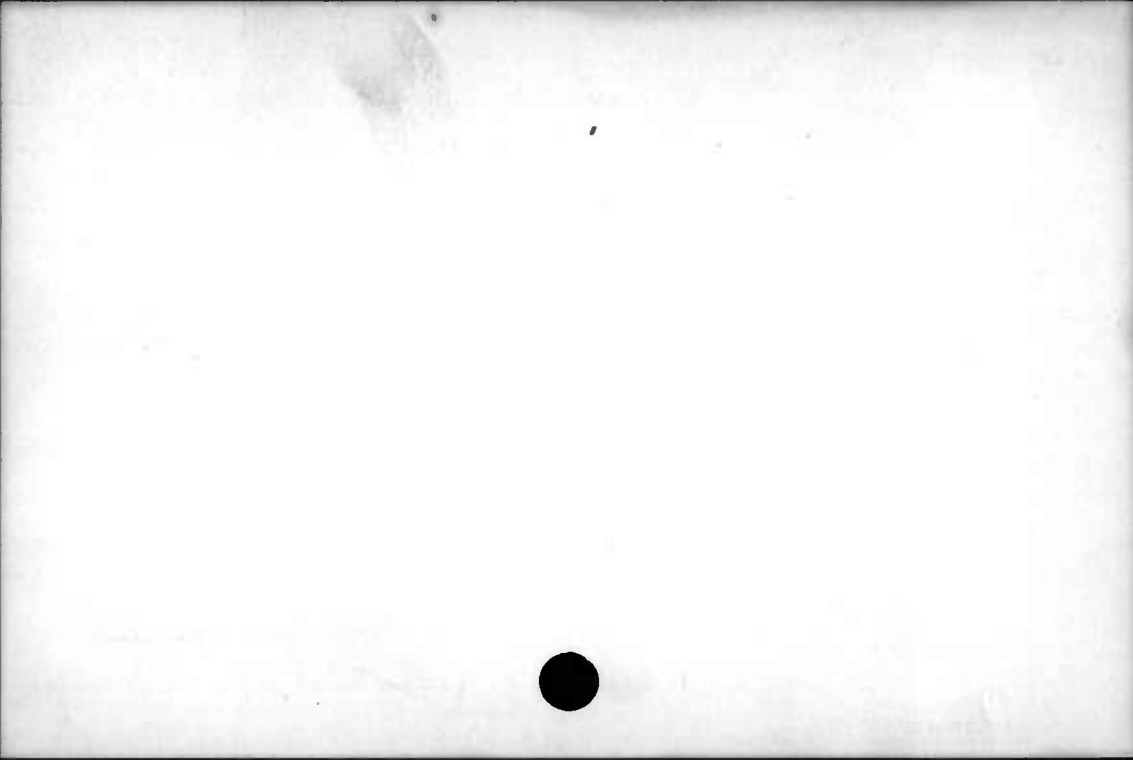
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ferdinand S. Key		Town Staggs Sanitarium		County Belt		MAYLAND	
Died at		Date of death 190		Age		Months	
		3 May		27			
Sex		Color or Race		Birthplace			
Male		White		Baltimore			
Married, Single or Widowed		Occupation					
Single		Clerk					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
		93.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (Plethoric)	How long
Immediate	Exhaustion. Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes.		
Signature of Physician		
J. M. Ryan M.D.		
Address		
Staggs Sanitarium		
Accident or Suicide?		



Name in Full

Certificate of Death

Mary D. Kneaid

Died at ^{Town} Hillen Road ^{County} Balto. MARYLAND

Date 1903 May 16 Age 46 Y. M. D. Native of Penna Occupation House wife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 5

Husband of Frank W. Kneaid

Wife

Father's Name Michael Baer Mother's Name Sophie Baer

Cause of Primary La Grippe How long sick

Death Immediate Pulmonary Tuberculosis Accident, Suicide, Homicide

Reported by Dr. E. H. Duncan

Address Gorans town 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mr. Mamie Cook
Funeral Director
Burial to be made
at South Delta. Ind

Name in Full

Certificate of Death

Harriet Hennemoir

Town

County

MARYLAND

Died at

Westport Baltimore

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 May 23

Age

35

Teacher & Dressmaker

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~~~Count~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

none

Husband of

Wife

Kinman

Father's

Mother's

Name

John Brune

Maiden Name

Unknown

Cause of

Primary

How long sick

Death

Immediate

Hemorrhage from lungs

Accident, Suicide, Homicide

Reported by

C. R. Winchison M.D.

Address

22thage Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

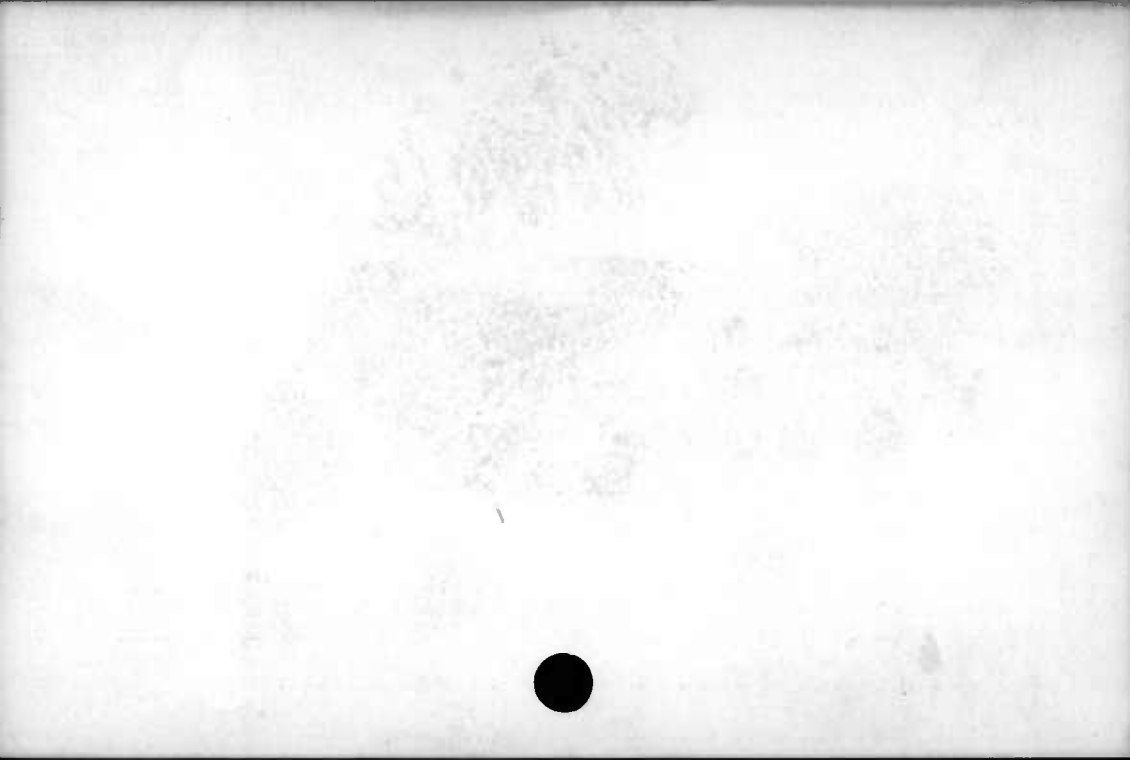
MARYLAND

Name Arthur W. Klover		Town Mt Wilson		County Baltimore	
Died at		Date of death 1903		Month May	
		Day 2		Age 3	
Sex Male		Color or Race White		Birth-place Batto coming	
Married, Single or Widowed Single		Occupation			
Name of Wife or Husband					
Father's Name Wm. M. Klover				Father's Birthplace Batto coming	
Mother's Maiden Name Rellie V. Quingo				Mother's Birthplace	
Name of person giving information Carrie Court				How related to deceased Aunt	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accidental Burning		How long Instantaneous	
Immediate Exhaustion & Shock		How long 6 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician St Louis Nagler	
		Address Pikeville	
Accident or Suicide?		Med	



Name in Full

Certificate of Death

Annie M. Throbb

Town

County

Died at

Rosedale

Baltimore

MARYLAND

Date 1903

May 4

Age

47

Y.

M.

D.

Native of

Germany

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband of

Wife

Father's

Name

Jos. Throbb

Mother's

Maiden Name

lat

Cause of

Primary

Death

Immediate

Cerebral apoplexy

How long sick

Accident, Suicide, Homicide

Reported by

C. Williams M.D.

Address

Rossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79832



Name
in
Full

CERTIFICATE OF DEATH

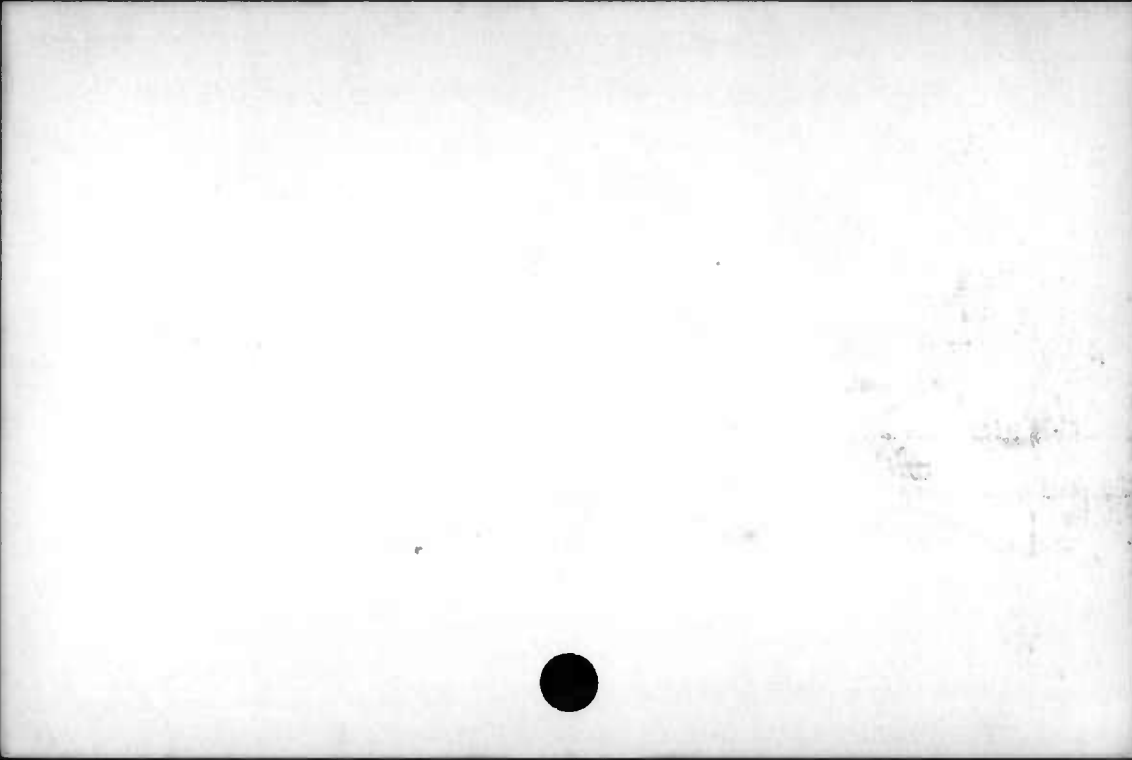
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles J. Kraemer</i>		Town <i>St. Agnes' Sanitarium</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St. Agnes' Sanitarium</i>		Month <i>V</i>		Day <i>24</i>		Years <i>66</i>	
Date of death 190 <i>3</i>		Month <i>V</i>		Day <i>24</i>		Years <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Married or Widowed		Occupation <i>Tinner</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Charles M. Kraemer</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of liver with</i>		How long <i>40</i>	
Immediate <i>exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas Brown MD</i>	
		Address <i>1938 Linden Ave.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown - Lorton</i>		Town <i>Bethesda</i>		County		MARYLAND	
Date of death 1903	Month <i>5</i>	Day <i>29</i>	Age	Years <i>30</i>	Months <i>11</i>	Days <i>4</i>	
Sex <i>Male</i>	Color <i>White</i>		Race		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>				
Name of Wife or Husband							
Father's Name <i>Samuel C. Kramer</i>					Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary E. Kramer</i>					Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Frank R. Rich</i>					How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	<i>6 months</i>
Immediate <i>Asthma</i>	How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank R. Rich</i>	
	Address <i>Lorton</i>	
Accident or Suicide?	<i>Red</i>	



Name
in
Full

Bland Ruth Krummel

CERTIFICATE OF DEATH

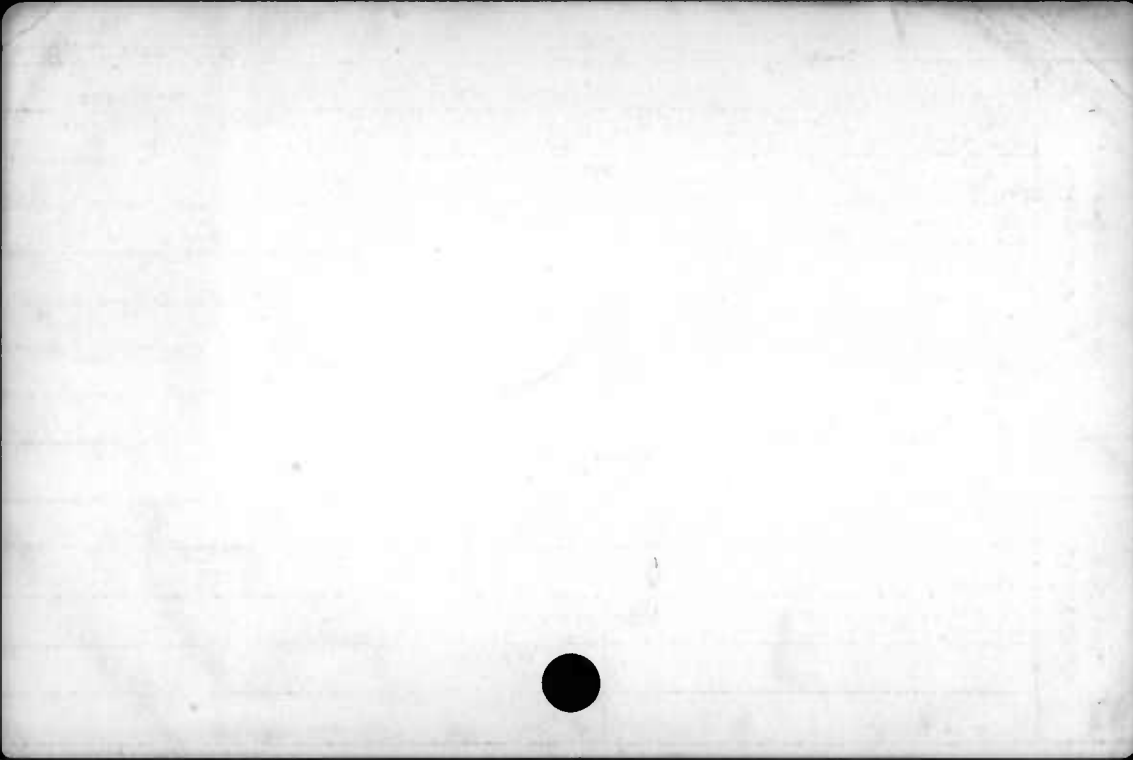
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>1</u>	Age Years <u>5</u>	Months <u>4</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balt Co. Md.</u>			
Married Single or Widowed <u>Single</u>		Occupation <u>Child</u>			
Name of Wife or Husband _____					
Father's Name <u>Max Krummel</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Virginia G. Acres</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Virginia G. Krummel</u>			How related to deceased <u>Mother.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank H. Ruhl</u>
	Address <u>Lansdowne, Md</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

Henry Leer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wt. Hager</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>7th</u>	Years <u>43</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Baltimore</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Grocer</u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Herman Leer</u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u>Mr. </u>			Mother's Birthplace <u> </u>		
Name of person giving In formation <u>Herman Leer</u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Maine acute</u> <u>68</u>	How long	<u>one month</u>
Immediate	<u>Septic infection</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Charles E. Hill</u>	
		Address <u>Wt. Hager</u>	
Accident or Suicide? <u> </u>		<u> </u>	



Name in Full

Certificate of Death

Edward Leroy Lohr

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May

5

1903

10

10

mo

infant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Robt. Lohr

Grove Raines

Cause of

Primary

Premature Birth

How long sick

113 days

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Dr. B.B. Banean

Address

Cachapiach

Baldwin. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Patrick McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>28</i>	Age <i>56</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Ireland</i>		
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Mary McCarty</i>					
Father's Name <i>+</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving In formation <i>Mary McCarty</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis & Catarrh</i>	How long <i>X</i>
Immediate <i>X</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. H. Prince</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Name
in
Full

Daniel McElroy

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Belle Co.

Date

of death 1903

Month

May

Day

30

Years

Age 55

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

~~Married~~, Single
~~or Widowed~~

Occupation

Baker.

Name of Wife or
HusbandFather's
Name

220

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Edw. J. Fanning

~~How~~ related
to deceased

No.

CAUSES OF DEATH

Primary

Bright's disease

How long

Immediate

How long

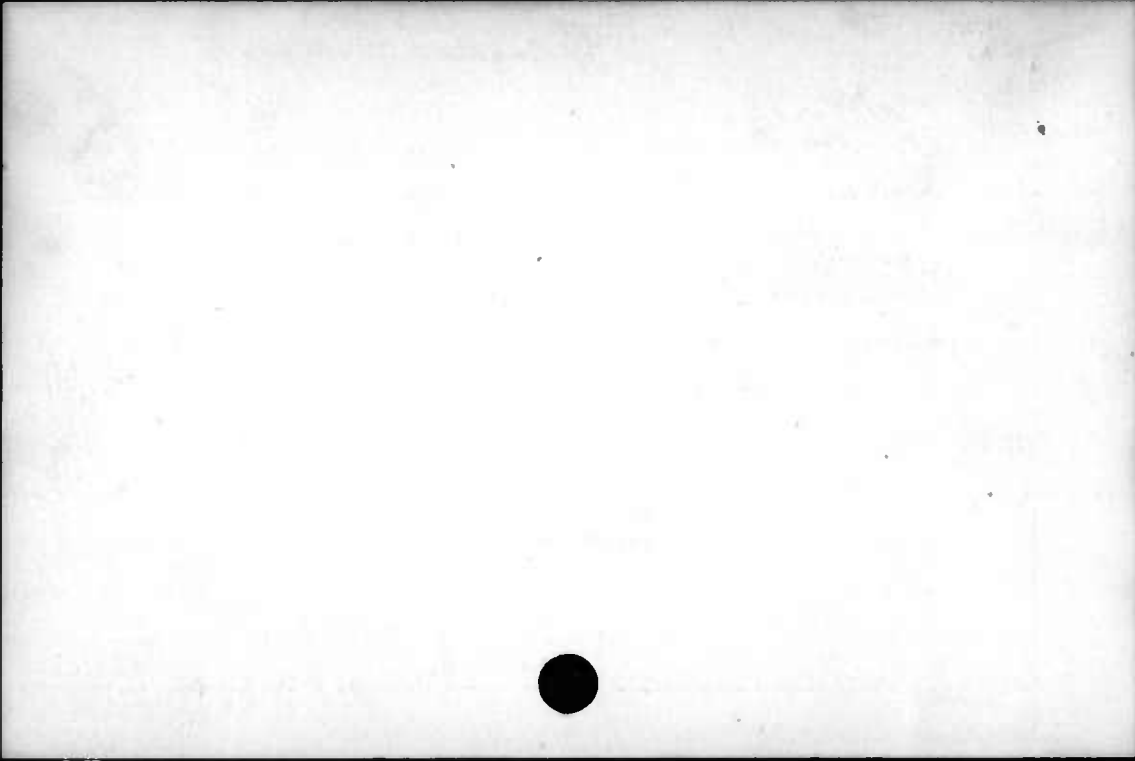
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John Ray,
Coroner.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Thomas Raymond M. Lee

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

May

Age

21 yrs.

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Eugenia Marsh.

Town

County

Died at

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1908

5-21

Age

7 19

Ind.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~Number of children livingHusband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

1 week

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Lillie Margaret Massimer

CERTIFICATE OF DEATH

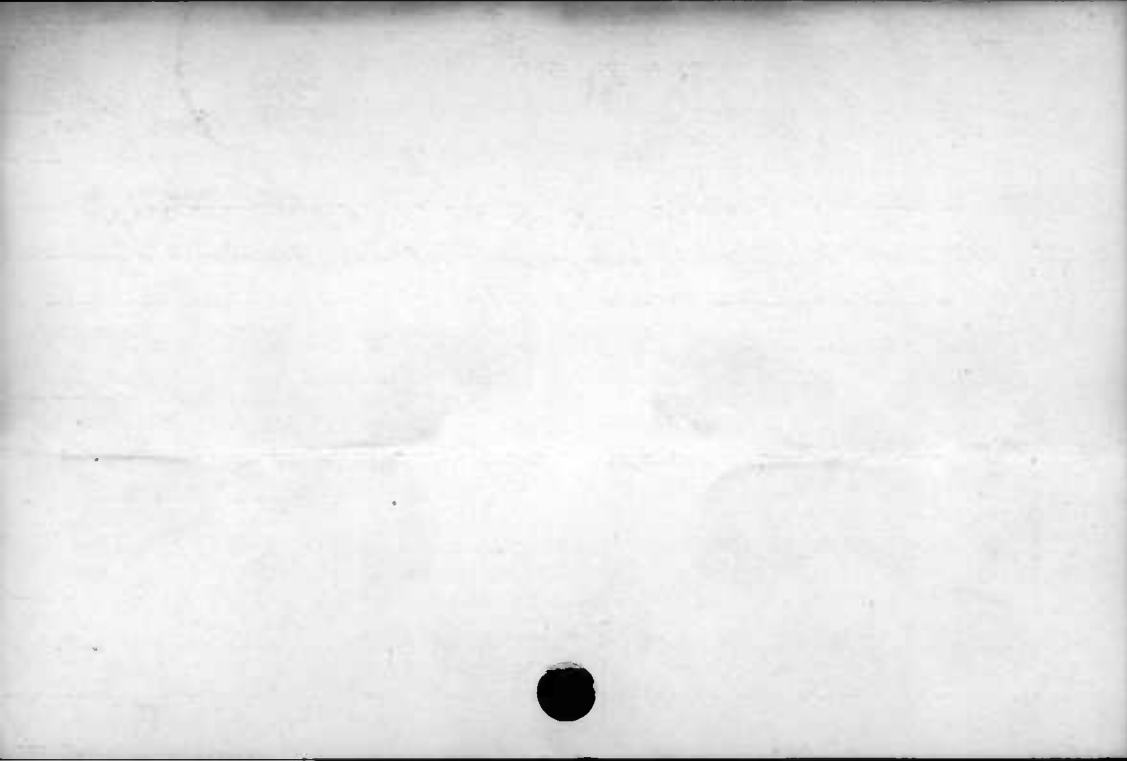
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Stitz P.O.</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>May</i>	^{Day} <i>18</i>	^{Years} <i>—</i>	^{Months} <i>8</i>	^{Days} <i>28</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Stitz, Pa.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>Infant</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John E. Massimer</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Emma C. Ampacher</i>			Mother's Birthplace <i>Penns.</i>		
Name of person giving information <i>John E. Massimer</i>			How related to deceased <i>Walter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>5 weeks.</i>
Immediate <i>Not known</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	
Address <i>Jas. L. Yagle, M.D., New Freedom, Pa.</i>	
Accident or Suicide? <i>—</i>	



Name in Full *John Dukehart Matthews*

Died at *Philopatio* Town *Reallo* County *MARYLAND*

Date 19*03* Month *May* Day *11* Age *82-6-24* Y. M. D. Native of *MS* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☐ Number of children living *5*

Husband of *Bessie F. Feller* 65.

Wife of *John Matthews* Maiden Name *Sarah Hopkins*

Father's Name *John Matthews* Mother's Name *Sarah Hopkins*

Cause of Death { Primary *Chronic Softening of Brain* How long sick *3 years*
 Immediate *Meninigitis* Accident, Suicide, Homicide ☐

Reported by *Dr T. B. Bensen*

Address *Backyardville* *P. O. Box 100*

Must be signed by physician, if any in attendance, otherwise by cofoner, undertaker or minister.



Name
in
Full

Garfield Mays

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Evona</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>5</i>	Day <i>30</i>	Age Years <i>23</i>	Months <i>2</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Hareford</i>		
Married , Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband _____					
Father's Name <i>Robert Harrison Mays</i>			Father's Birthplace <i>Berea</i>		
Mother's Maiden Name <i>Carrie Ann Thompson</i>			Mother's Birthplace <i>Mt. Carmel</i>		
Name of person giving information <i>R. Harry Mays</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Two years</i>
Immediate <i>Uremia</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Drach</i>
	Address <i>Butler Md</i>
Accident or Suicide?	

Int Carmel May 2nd

Name
in
Full

Leonard T. Medcalf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pimlico</i>		County <i>Balto Co</i>		MARYLAND	
Date of death 1903		Month <i>May</i>		Day <i>24</i>		Age Years <i>65</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Frederick City</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Shoemaker</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>79</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>		How long <i>one year</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas J. Talbot</i>	
		Address <i>2505 Penna Ave</i>	
Accident or Suicide? <i>No</i>		<i>Baltimore Md.</i>	

A. S. Marshall
3539 Falls Road

St Mary Hampden

Name
in
Full

Sarah E. Melton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>25</i>	Age <i>56</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>MT Hope</i>			How related to deceased		

CAUSES OF DEATH

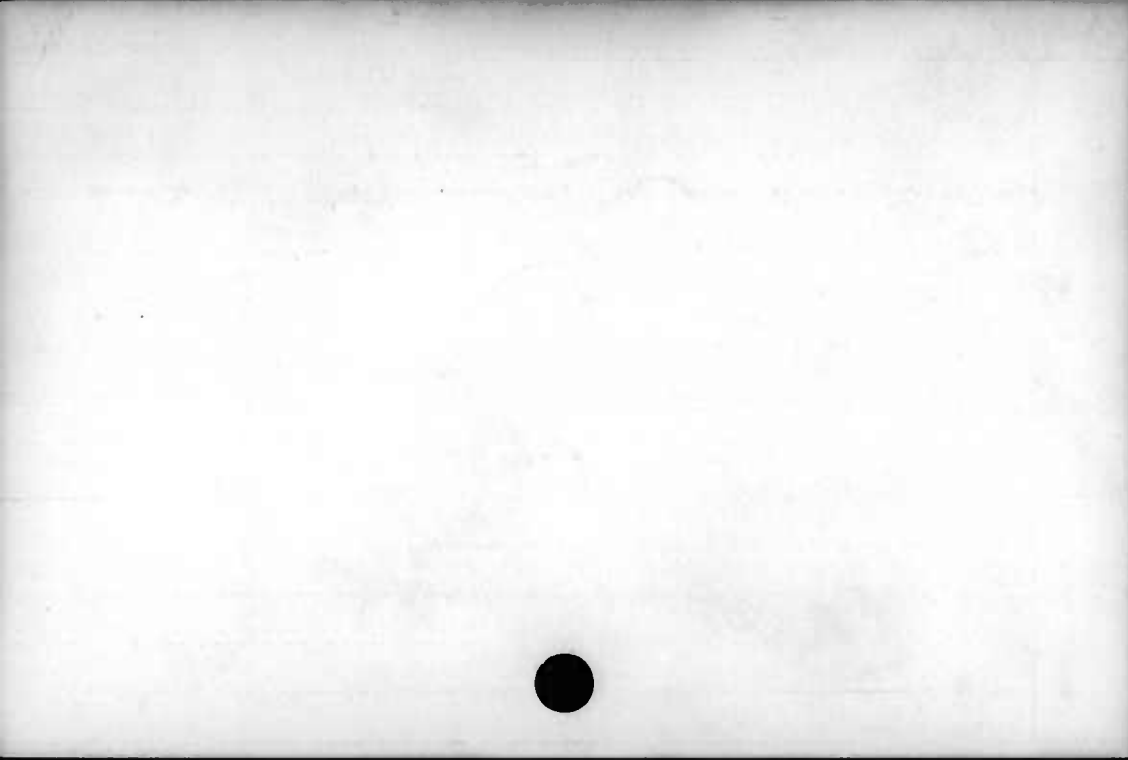
PHYSICIAN
OR CORONER

Primary <i>Melancholia - Exhaustion -</i>	How long
Immediate <i>Exhaustion -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>MT Hope Retreat</i>
Accident or Suicide?	<i>MT Hope Md -</i>



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Sallie C. McKinsie,				CERTIFICATE OF DEATH		
	Died at		Lebanonville		Butts		MARYLAND		
	Date of death 190		3	Month	May	Day	6	Age	23
	Sex		Female		Color or Race		White		
	Married, Single or Widowed		Married		Occupation		Housewife		
	Name of Wife or Husband		F. P. McKinsie						
	Father's Name		X		Father's Birthplace		X		
	Mother's Maiden Name		X		Mother's Birthplace		X		
Name of person giving information		X		How related to deceased		X			

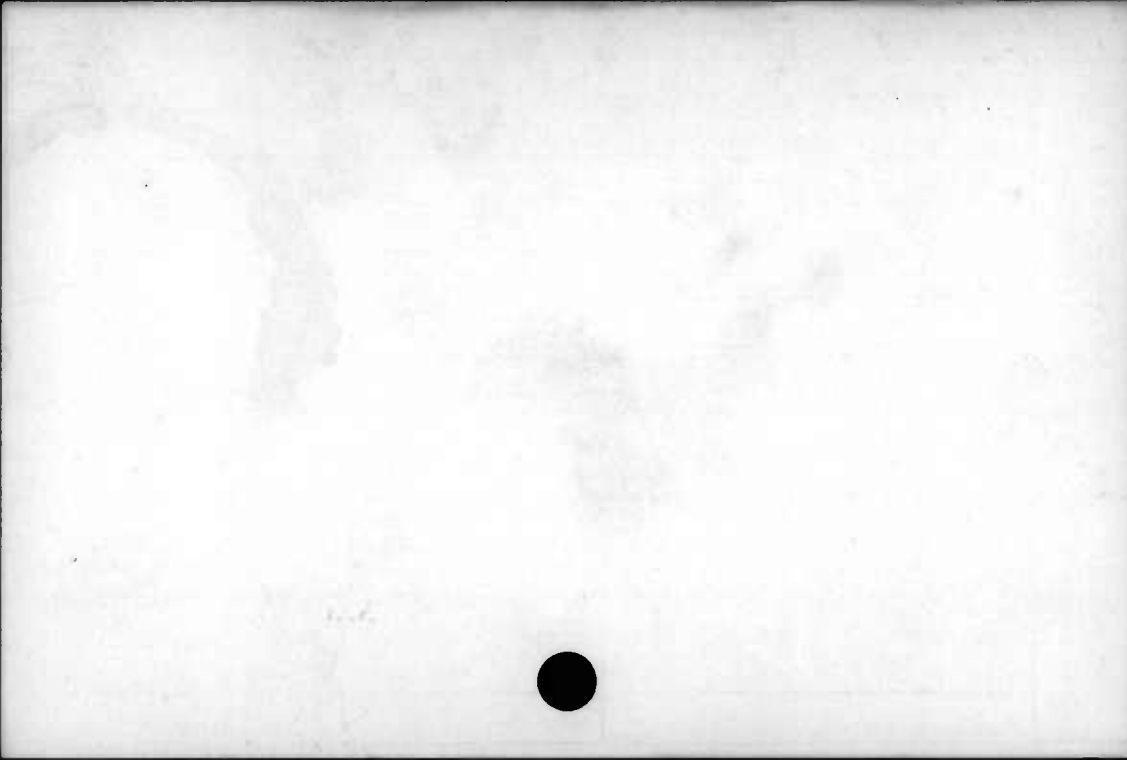
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Melancholia		How long		53 weeks.	
	Immediate		Pulmonary Tuberculosis		How long		6 mos.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. R. & Nade	
					Address		Lebanonville	
	Accident or Suicide?		No.					



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Fred Miller		CERTIFICATE OF DEATH	
Died at Highlandtown ^{Town} Balto ^{County}		MARYLAND	
Date of death 1903	Month 5	Day 12	Age 5
Sex male		Color or Race white	Birth-place Balto
Married, Single or Widowed -		Occupation	
Name of Wife or Husband			
Father's Name John Miller		Father's Birthplace Balto	
Mother's Maiden Name Kate Miller		Mother's Birthplace Balto	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
Primary Diphtheria		How long 7 days	
Immediate asphyxia		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. S. Warner	
		Address 1120 Highland Ave	
Accident or Suicide? -			



Name
in
Full

Wm. Miller

CERTIFICATE OF DEATH

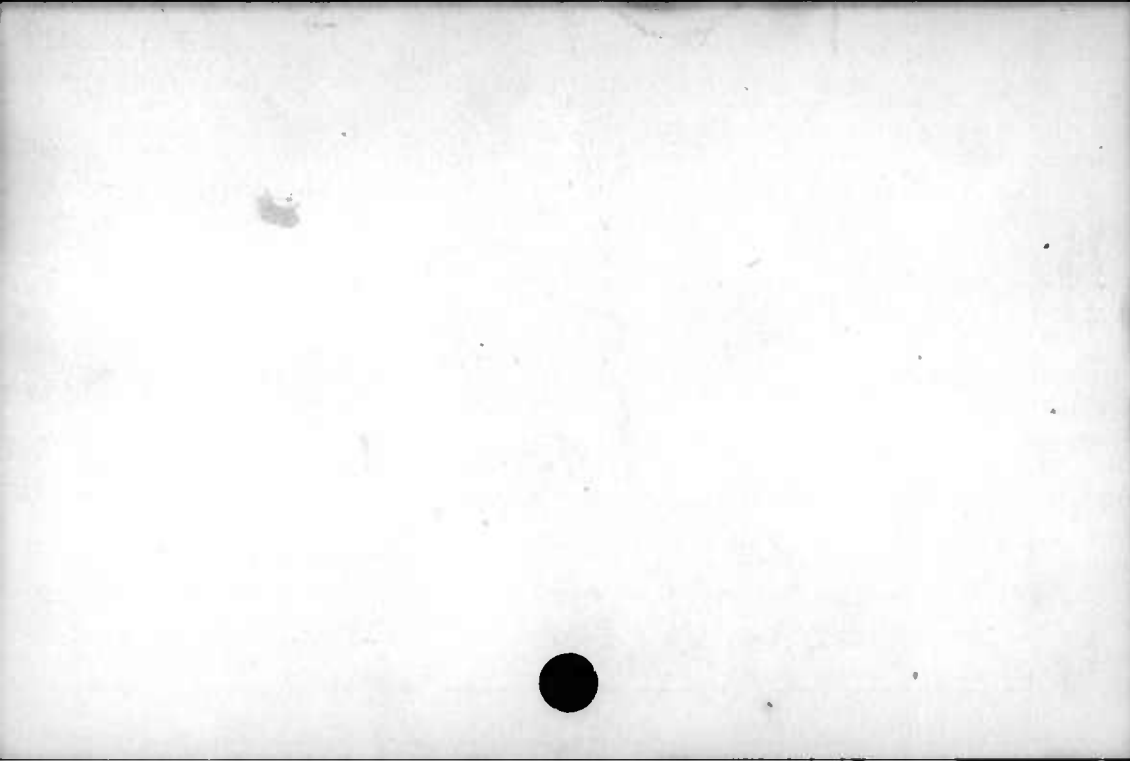
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i> .	Month <i>V</i>	Day <i>28</i>	Age <i>39</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>			
Married, Single or Widowed				Occupation <i>Saloon-keeper</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>John H. Mitchell</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>Thos. Brown</i>	
Address <i>1938 Linden Ave.</i>	
Accident or Suicide?	



Name In Full

Certificate of Death

Hattie M. Murray

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5-25-

Age 23 9 18

Warren

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

7 months

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Wilmer C. Eason M.D.

Address

Cockeysville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Orich Naylor

of *Glyndon*

Name
in
Full

Neiter, Conrad M.

CERTIFICATE OF DEATH

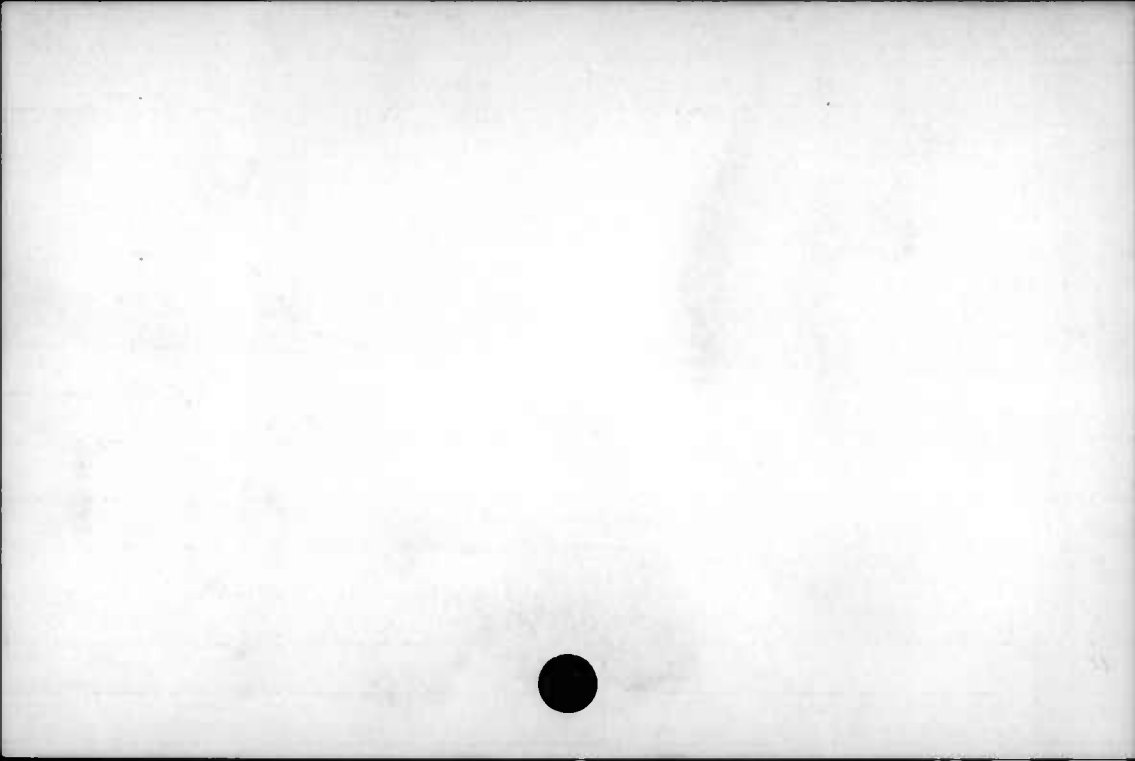
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leatonsville		County Baltimore		MARYLAND	
Date of death 190	3	Month May	Day 28	Age 32	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maryland.
Married, Single or Widowed	Single			Occupation	Blacksmith.		
Name of Wife or Husband X							
Father's Name				X			
Mother's Maiden Name				X			
Name of person giving In formation				X			
Father's Birthplace				X			
Mother's Birthplace				X			
How related to deceased				X			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Choreic Insanity		How long	9 years.
Immediate	Pulmonary Tuberculosis		How long	1 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		J. Percy Wade.		
Address		Leatonsville, Md.		
Accident or Suicide?		No.		



Name
in
Full

CERTIFICATE OF DEATH

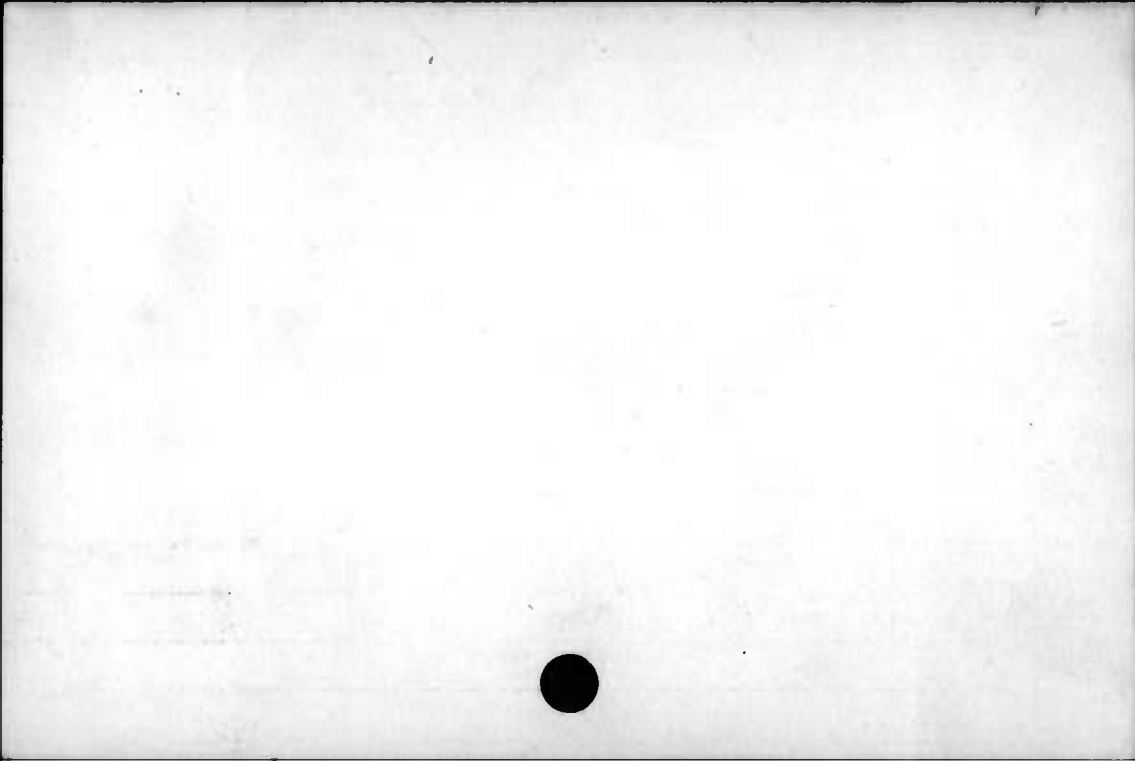
TO BE ANSWERED BY
NEAREST FRIEND

Name John F Nelson		Town Pleasant Hill		County Baltimore		State MARYLAND			
Died at Pleasant Hill		Date of death 190 3		Month May	Day 22	Age 49	Years 49	Months —	Days —
Sex Male	Color or Race White		Birth-place Balto co Md						
Married, Single or Widowed Married		Occupation Stone Mason							
Name of Wife or Husband Margret. C. Nelson									
Father's Name Thomas Nelson		Father's Birthplace —							
Mother's Maiden Name Rebecca Blizard		Mother's Birthplace —							
Name of person giving Information Annie C Simmons		How related to deceased Niece							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism	49	How long several years
Immediate Paralysis of Heart	—	How long Immediate
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W H Campbell
		Address Cwango Mills. Md
Accident or Suicide? —		



Name
in
Full

Laura Nost.

CERTIFICATE OF DEATH

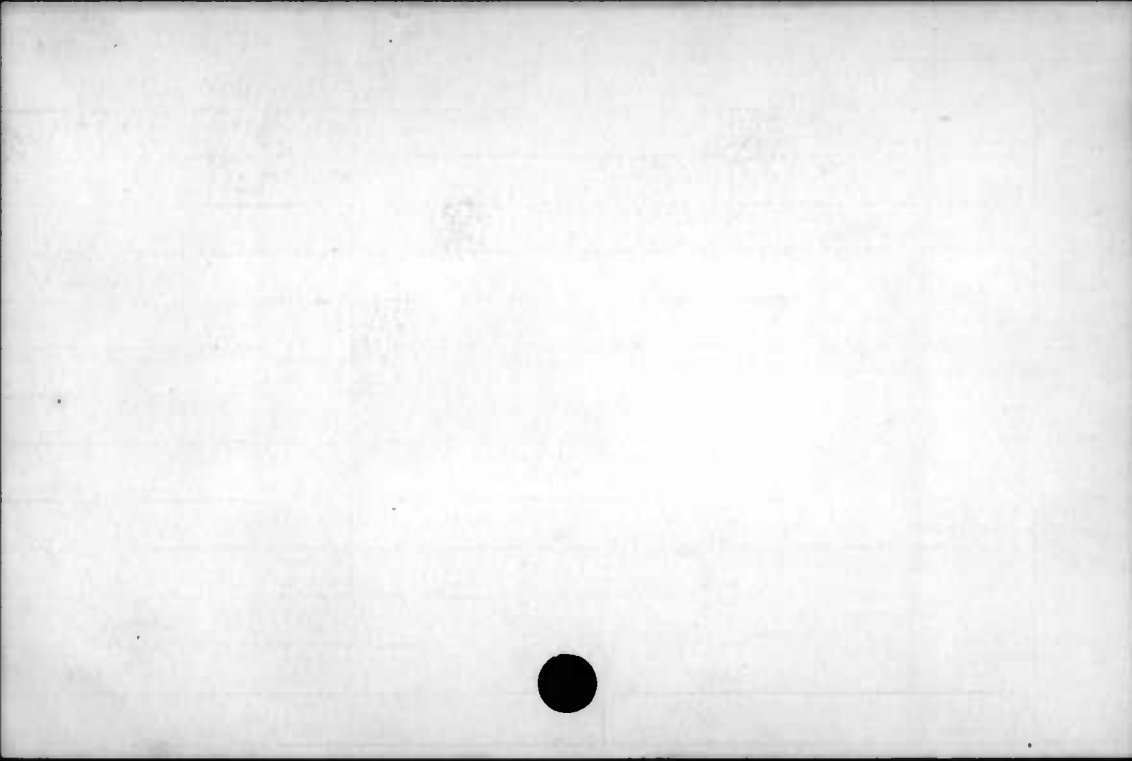
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barto.		County Barto.		MARYLAND	
Date of death 190	3	Month May	Day 5	Age	37	Years	Months
Sex	Female		Color or Race	White		Birth- place	Norway
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Arel Nost.					
Father's Name		— Hammer				Father's Birthplace	Norway
Mother's Maiden Name		Rammig				Mother's Birthplace	"
Name of person giving Information		A Nost				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	28 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. P. Ahroome	
Address		829 N. Eutaw St.	
Accident or Suicide?			



Name in Full

Certificate of Death

Walter Edgar Parks

Died at ^{Town} Cockeysville ^{County} Baltimore

MARYLAND

Date 1903 ^{Month} 5 ^{Day} 8 ^{Y.} 19 ^{M.} 6 ^{D.} 7 ^{Native of} Ind. ^{Occupation} None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Alfred L. Parks

Mother's

Maiden Name

M. E. Robinson

Cause of

Primary

Intestinal & Pulmonary Tuberculosis

How long sick

6 months -

Death

Immediate

Aesthenia.

27

Accident, Suicide, Homicide

Reported by

Wilmer C. Enson M.D.

Address

Cockeysville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessop Cemetery

Name
in
Full

Dr. S. B. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Beulhannon Co</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>5</i>	Day <i>23</i>	Age <i>28 yrs -</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>North Carolina</i>			
Married, Single or Widowed	<i>Single</i>	Occupation <i>Drutish -</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Records Mt Hope -</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria Chronic -</i>	How long
Immediate <i>Exhaustion -</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
<i>Yes.</i>	Address <i>Mt Hope Retreat</i>
Accident or Suicide?	

Place of burial

Henderson N. C.

Stewart & Brown.

Name In Full

Certificate of Death

Charles Pitt

Town

County

Died at

Chase

Beech

MARYLAND

Date 19

03

Month

Day

May 20

Y

M.

D.

Age

28-

Native of

Md

Occupation

Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Carrie Pitts

George Pitts

Mother's

Maiden Name

Primary

Immediate

Of family & Head disease

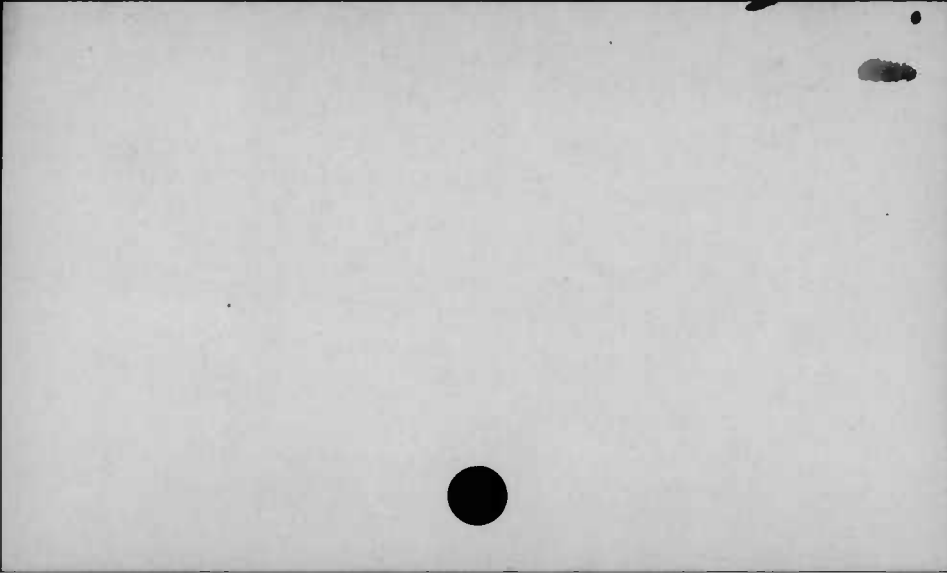
How long sick

3 months

Accident, Suicide, Homicide

C. Villan

Prosser



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alanza Jenkins Pittman

Town

County

Died at

Pikesville

Baltimore

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1903

5

16

59

Sex

Male

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

—

Occupation

Old Soldier

Name of Wife or
Husband

—

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

W. M. Mathews

How related
to deceased

None

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

Don't know

Immediate

"

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. E. Mym

Address

Pikesville Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Presbury Col

Died at Patapsco Neck Town

Baltimore County

MARYLAND

Date of death 1903 May 10

Age 45

Months

Days

Sex Male

Color or
Race

Colored

Birth-
placeMarried, Single
or Widowed

Widower

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John G. Muelly, Coroner
216 O'Donnell St

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Scott Price*

Died at *Parkton* ^{Town} County *Balto.* MARYLAND

Date of death 190 *3* Month *May* Day *7* Age *60* Years Months Days *26*

Sex *male* Color or Race *white* Birth-place *Balto W*

Married, ~~Single~~ *Widowed* Occupation *Notes Clerk*

Name of Wife or ~~Husband~~ *R. Annie Price*

Father's Name *John M Price* Father's Birthplace *Balto Co*

Mother's Maiden Name *Mary A. Turner* Mother's Birthplace *Balto Co*

Name of person giving information *Edith Mrs Tucker* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 yrs*

Immediate *Cardiac Asthenia* How long *8 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. Ross Payne M.D.*

Address *Corbett Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

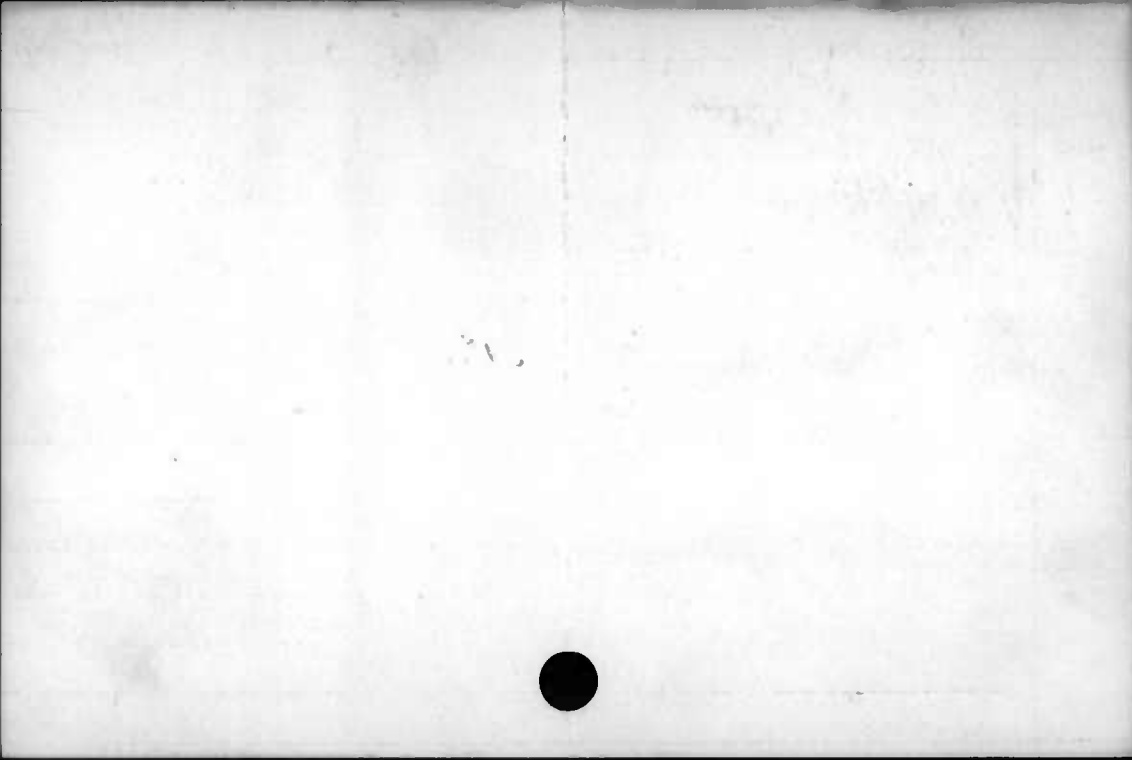
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>forest</i> ^{Town}		<i>Batto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>28</i>	Age <i>70</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>farmer</i>			
Name of Wife or Husband <i>Rachel</i>					
Father's Name <i>John L. Price</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rachel Benson</i>			Mother's Birthplace <i>mds</i>		
Name of person giving information <i>Rachel Price</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Drapsey</i>	How long <i>2 Years</i>
Immediate <i>Callapse</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Hereford, md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lawrence Royston Proctor

CERTIFICATE OF DEATH

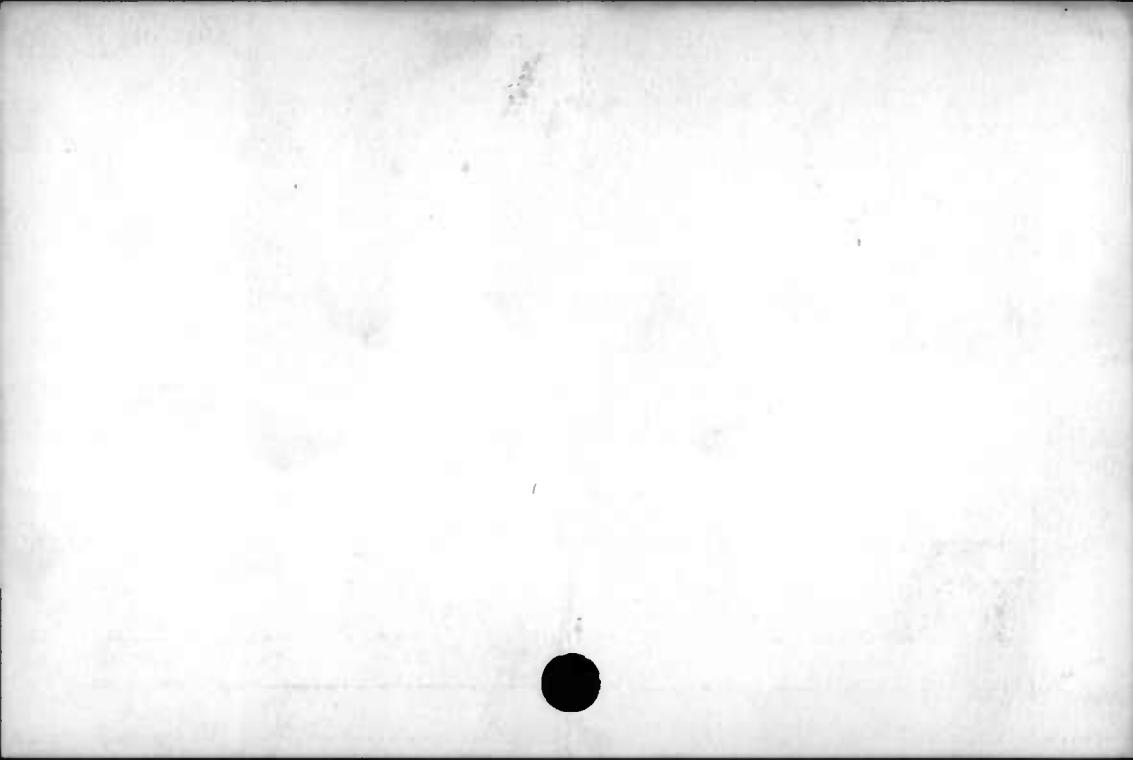
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dulaney's Valley</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 3	Month <i>May</i>	Day <i>10</i>	Age	Years	Months <i>Five</i> Days <i>Eight</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Dulaney's Valley</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Daniel J. Proctor</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Laura V. Burk</i>			Mother's Birthplace		
Name of person giving In formation <i>Daniel J. Proctor</i>			How related to deceased <i>Father</i>		

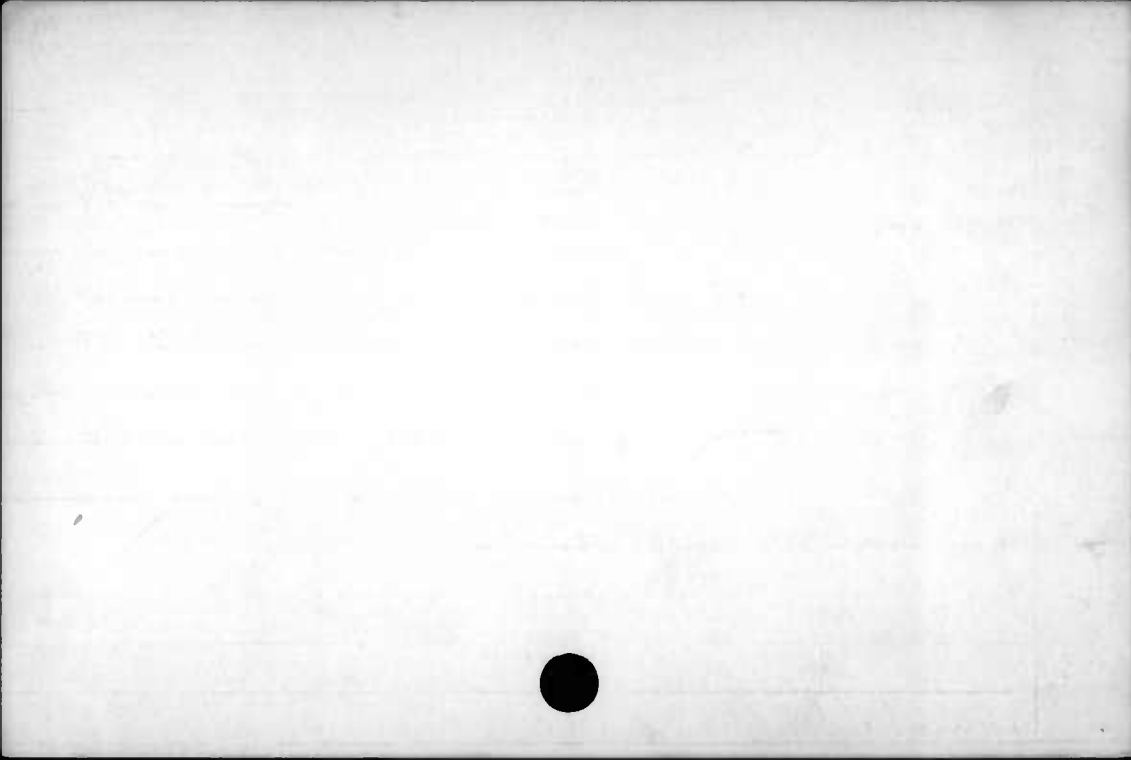
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>" "</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Dr. S. Green M.D.</i>	Address <i>Gittings</i>
Accident on <i>Quilted</i>	



Name in Full Wm Thomas Randall		CERTIFICATE OF DEATH	
Died at Relay Town		Bolton Co County	
Date of death 190 3 Month May Day 13 Age 72 Years 72 Months — Days —		MARYLAND	
Sex Male Color or Race White		Birth-place Maryland	
Married, Single or Widowed Married		Occupation Farmer	
Name of Wife or Husband May A Randall			
Father's Name —		Father's Birthplace Maryland	
Mother's Maiden Name —		Mother's Birthplace Maryland	
Name of person giving information George Randall		How related to deceased son	
CAUSES OF DEATH			
Primary Tuberculosis		How long 6 months	
Immediate Tuberculosis		How long 6 "	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Arthur Williams	
Elkridge		Address Howard Co Md	
Accident or Suicide? no			



Edward Ray

Town

County

MARYLAND

Died at

Avalon Balto County

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 7

Age

65

Ireland

Labor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

~~Wife~~

Father's

Name

of

Annie Fish Burch

Mother's

Name

40

Cause of

Primary

Cancer of Liver & Stomach

How long sick

6 months

Death

Immediate

Sudden

~~Accident, Suicide, Homicide~~

Reported by

Cowan & Gill Undertaker

Address

Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

William

of

Elk Ridge Ind

~~Seen by Coroner~~

~~of~~

Information contained in this certificate received

from

Dr J. L. Lammity

of

Name In Full

Certificate of Death

Edward

Ray

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 7

Age

65

Ireland

labourer

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer of liver & stomach

How long sick

Six months

Death

Immediate

Cancer

~~Accident, Suicide, Homicide~~

Reported by

Arthur Williams M.D.

Address

Elk Ridge House, Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

Barbara Reidal

CERTIFICATE OF DEATH

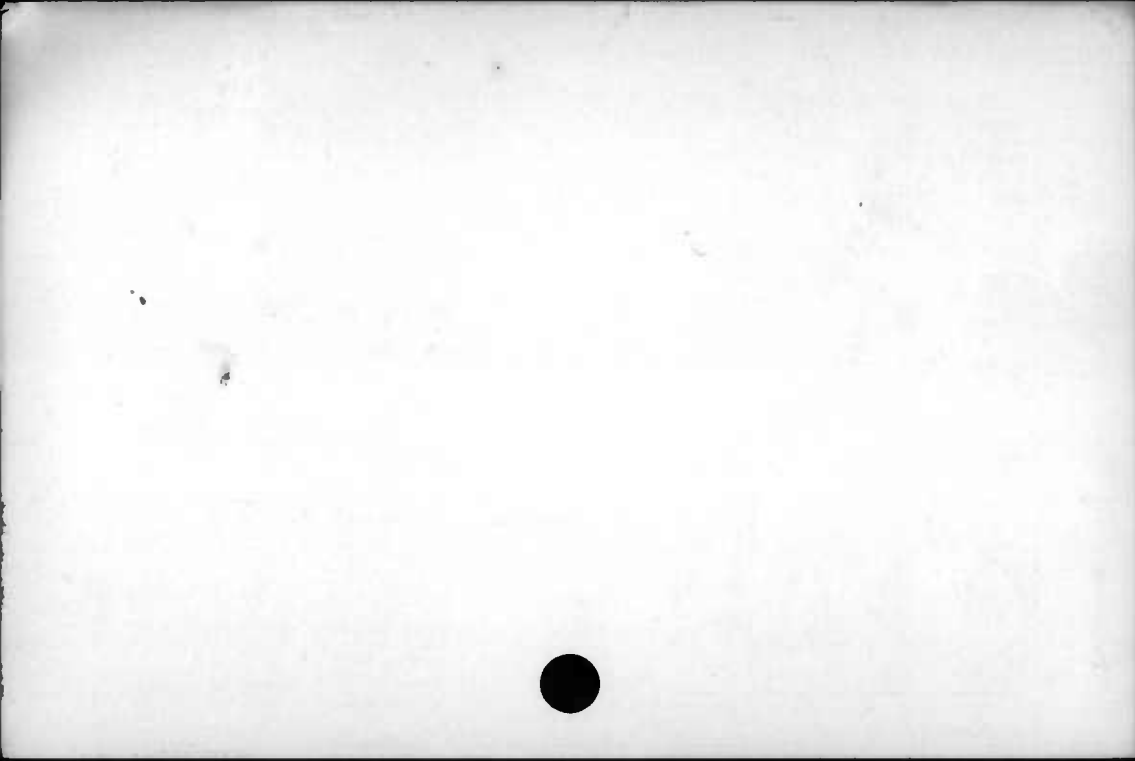
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosedale</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>May</i> Day	<i>15</i> Age	<i>72</i> Years	Months Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth place <i>Germany</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Housework</i>				
Name of Wife or Husband <i>Geo. Reidal</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Geo Reidal</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>Two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr D Cice</i>
	Address <i>Larderville</i>
Accident or Suicide?	<i>and</i>



Name
in
Full

Ida J. Ritter

CERTIFICATE OF DEATH

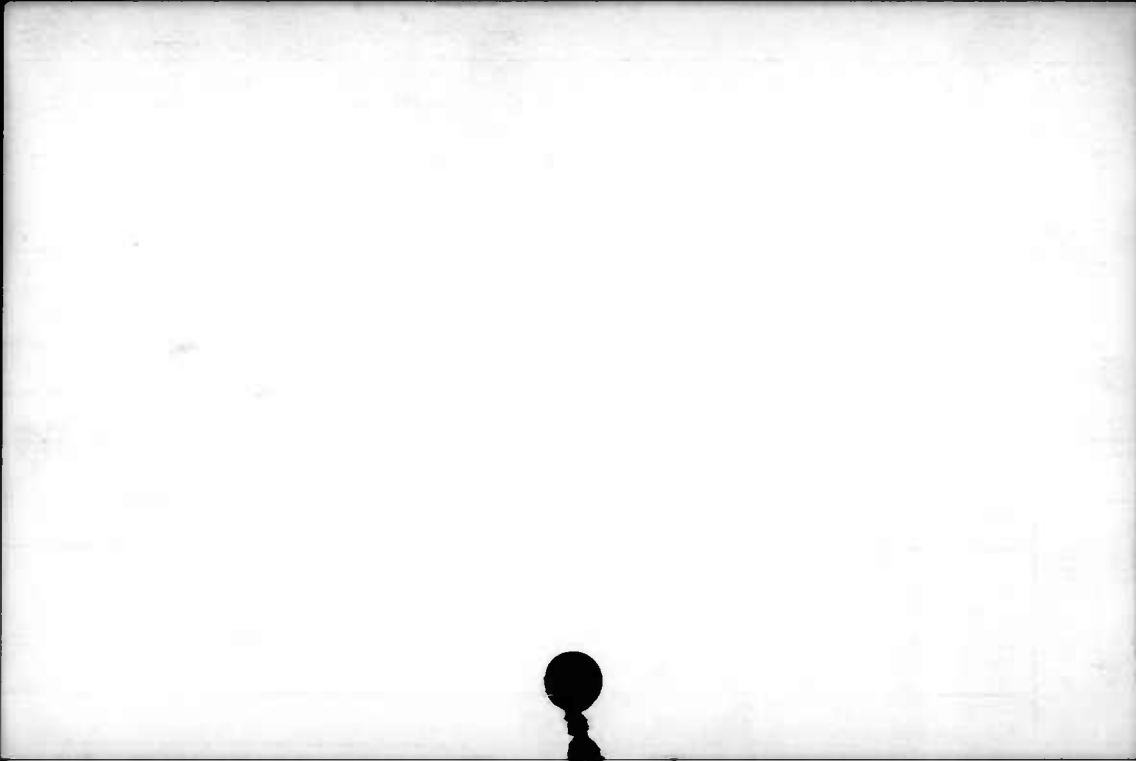
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodensburg</u> ^{Town}		<u>Balti</u> ^{County} <u>Co</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>7</u>	Age <u>40</u>	Years <u>3</u>	Months <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>House Keeper</u>			
Name of Wife or Husband <u>Jacob Ritter</u>					
Father's Name <u>Jas C Frankline</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Eliz. Dennisin</u>			Mother's Birthplace <u>Denn Penn</u>		
Name of person giving information <u>Jacob Ritter</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Confinement</u>	How long <u>12 hrs</u>
Immediate <u>Heart Failure</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Price</u>
	Address <u>Glyndon</u>
Accident or Suicide? <u></u>	



Mary A Ross

Died at *Corbett* ^{Town} *Baltimore* ^{County}

MARYLAND

Date 19 <i>03</i>	Month <i>May</i>	Day <i>7</i>	Y. <i>43</i>	M. <i></i>	D. <i></i>	Native of <i>Ind.</i>	Occupation <i>Domestic</i>
Male	White	Married	Widow	Divorced	Number of children living	<i>2</i>	
<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>				

~~Husband~~ of *Wm. Ross*

Wife
 Father's Name *Lomenie Mahon* Mother's Name *Mary Alice Jones*

Cause of Death	Primary	<i>Struck by R.R.</i>	How long sick
	Immediate	<i>Train</i>	<i>166</i>

Reported by *T. Ross Payne*
 Address *Corbett*

10298



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full J Louis Rueckert		Town Highlandtown		County Baltimore		MARYLAND	
Died at		Date of death 190 3		Age 62		Months 3	
Month May		Day 21		Years		Days	
Sex Male		Color or Race White		Birth-place Baltimore			
Married, Single or Widowed Married		Occupation Carpenter					
Name of Wife or Husband Lucinda Rueckert							
Father's Name Louis Rueckert				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information Lucinda Rueckert				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexy	How long 64
Immediate Cardiac Paralysis	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. L. Schfield
	Address 1400 1st Highlandtown
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

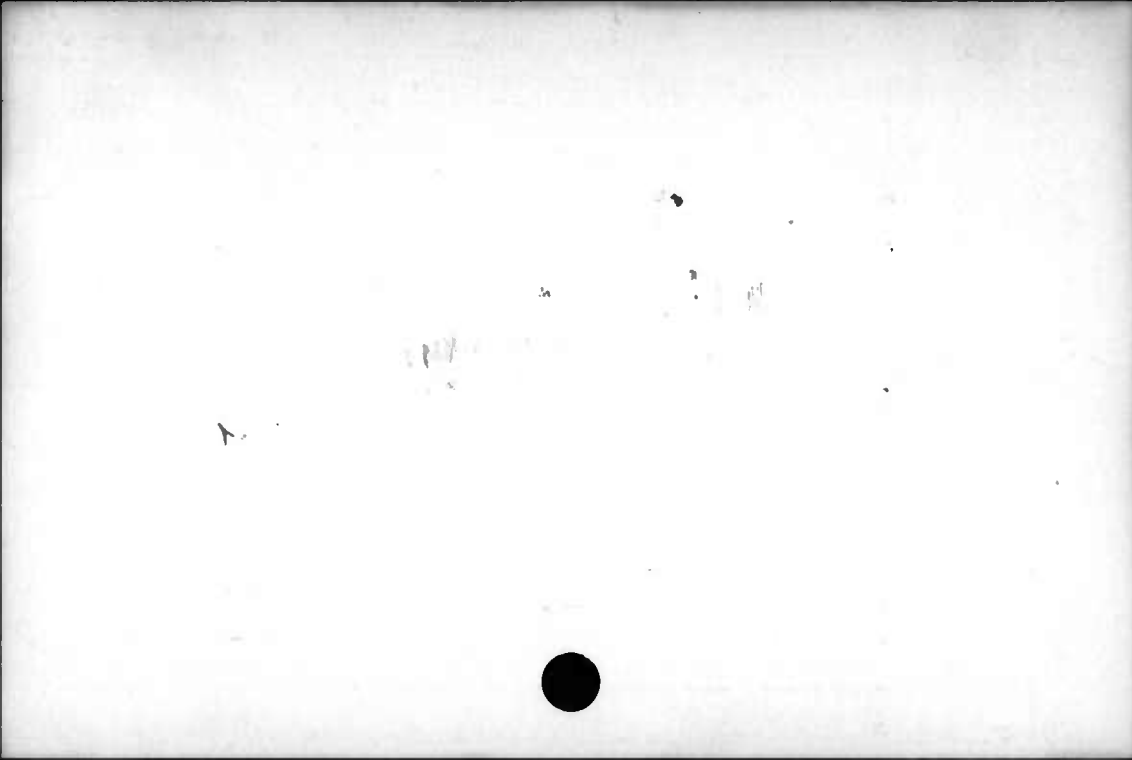
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Johns Seminary</i> ^{Town} <i>Back</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>1</i>	Age <i>42</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Portland</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Watch Maker</i>	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>ky</i>	Signature of Physician <i>Dr. Ryan M. S.</i>
	Address <i>St Johns Seminary</i>
Accident or Suicide? <i>_____</i>	



Name In Full

Certificate of Death

Henry Schwaab

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

May 7

Age

Y.

M.

D.

42 yr.

Native of

Occupation

Md

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Heart Disease

How long sick

Sudden

Accident, Suicide, Homicide

Reported by

D. H. Bury M. D.

Address

Largo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Leare Schweiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Baltimore		MARYLAND	
Date of death 190	^{Month} 3 May	^{Day} 26	^{Years} Age 49	^{Months} —	^{Days} —
Sex	Male	Color or Race	White	Birth-place	Germany
Married, Single or Widowed	Married		Occupation Saloon Keeper		
Name of Wife or Husband Minnie Schweiger					
Father's Name Fred Schweiger				Father's Birthplace Germany	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information Albert Schweiger				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	6 months
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. C. Schofield M.D.	
Address		Highlandtown	
Accident or Suicide?			

H. Sander & Sons
Trinity Ave

Name
in
Full

Augustus Wm Scott

CERTIFICATE OF DEATH

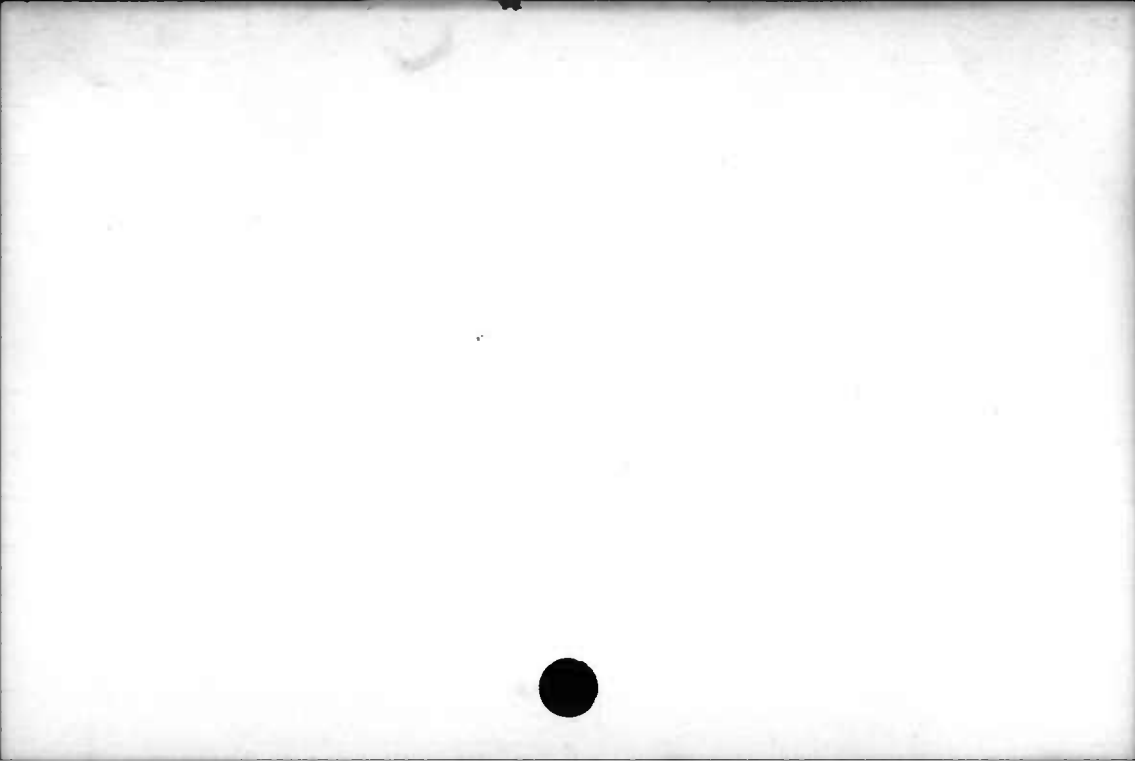
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walters</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>10</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband					
Father's Name <i>Robert E. Scott</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Melinda Price</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Robert Scott</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>2 days</i>
Immediate	<i>71</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John W. Harrison</i>	
<i>yes</i>		Address <i>Sau. Off. 10 West</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Elizabeth Scott

Died at

Town

Chestnut Ridge

County

Balto.

MARYLAND

Date

1903

Month

8

Day

22

Age

Y.

32

M.

D.

Native of

MD

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Scott

Mother's

Name

Rebecca Scott

Cause of

Primary

Tuberculosis of Throat

How long sick

Six months

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

J. L. Burton

Thomson

Riden. MD.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full		Mary Shakespeare.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Gorranstown	County Balto	- MARYLAND		
		Date of death 190		Month May	Day 5	Years Age 24	Months	Days
		Sex Female		Color or Race Caucasian		Birth- place Arlington, Va.		
		Married, Single or Widowed		Married		Occupation House Wife		
		Name of Wife or Husband Richard Shakespeare						
		Father's Name William Bailey			Father's Birthplace Virginia			
		Mother's Maiden Name			Mother's Birthplace Virginia			
		Name of person giving In formation Richard Shakespeare			How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Pneumonia			How long 2 days			
		Immediate 137			How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician John Barron MD			
					Address Gorranstown Mich			
		Accident or Suicide?						

Mr Rich
Sub Register

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>23</i>	Age <i>33</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Elizabeth Shannon</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <i>Elizabeth Shannon</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>6 months</i>
Immediate <i>Asthma</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. L. Kirk</i>
	Address <i>1610 E. Baltimore St</i>
Accident or Suicide? <i>—</i>	

Dr. Fink

Trinity Cemetery
Lander Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Luceria Simmons

Died at *Staggs' Sanitarium* *Baer* ^{Town} ^{County}

MARYLAND

Date of death 190 *3* ^{Month} *May* ^{Day} *3* ^{Years} *18* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *W. Carolina*

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *27* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long

Immediate *In exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Luc L. L. L. L.*

Address *Staggs' Sanitarium*

Accident or Suicide?



Name
in
Full

Mrs. Laura Simms.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bar Hill, in Mt Washington.</i>		Town		County <i>Md</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>31</i>	Age <i>41</i>	Years	Months <i>7</i>	Days <i>13</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Lake Roland CO.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>housewife</i>		<i>Md</i>			
Name of Wife Husband <i>Charles B. Simms.</i>		<i>Whit Chase CO. Md</i>					
Father's Name <i>Frederick Walters</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Garrick.</i>		Mother's Birthplace <i>Howard Co. Md</i>					
Name of person giving information <i>Mrs Mary J. Dorem.</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pregnancy (8 mo) Organic heart disease</i>	How long
Immediate <i>Heart failure</i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above <i>yes</i>	Signature of Physician <i>William J. Fodder</i>
<i>Geo H Berrill J.P.</i>	Address <i>Mt Washington Md</i>
Accident or Suicide? <i>Coroner.</i>	

Loudon Park

June. 2-03

H. A. Marshall

3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of C. C. Sims

Died at Stillborn ^{Town} Belts ^{County}

MARYLAND

Date of death 190 3 Month 5 Day 6 Age Years Months 8 Days

Sex Female Color or Race Colored Birth-place Belts Co. Md.

Married, Single or Widowed Occupation Infant

Name of Wife or Husband

Father's Name C. C. Sims Father's Birthplace Md

Mother's Maiden Name Josephine Smith Mother's Birthplace Md

Name of person giving information C. C. Sims How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stillborn How long

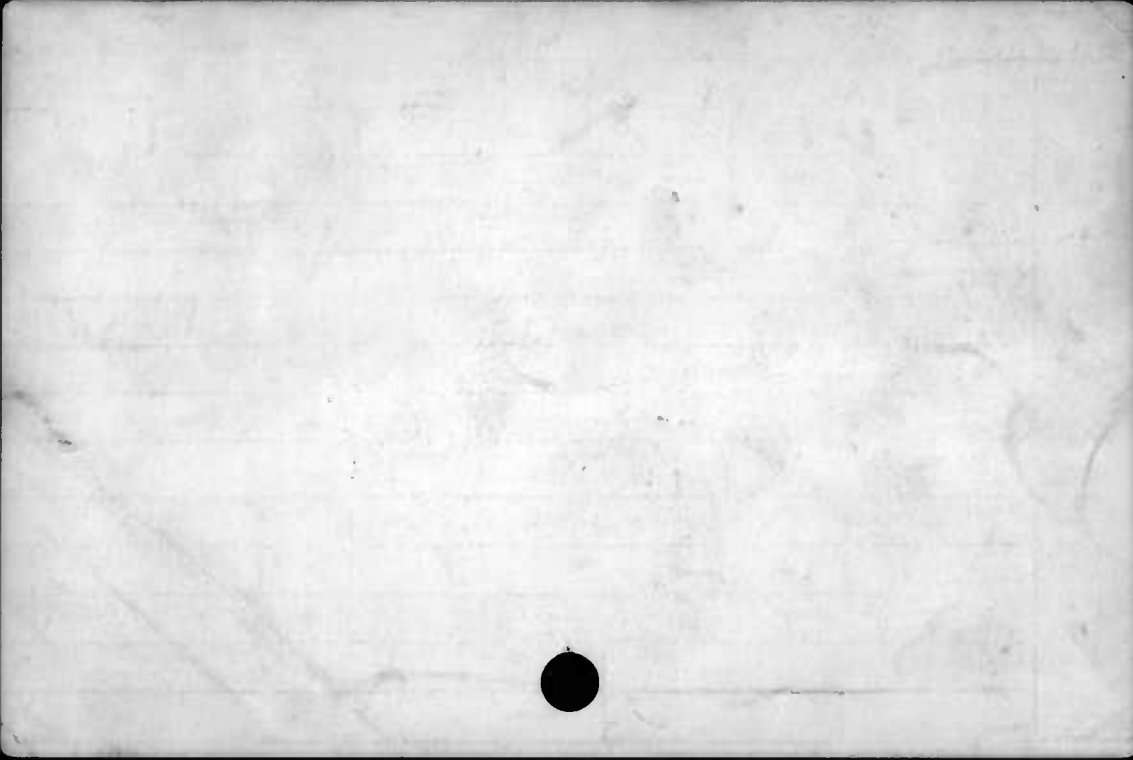
Immediate Stillborn How long

Are the name, age, sex, color, date and place correctly given above? Yes

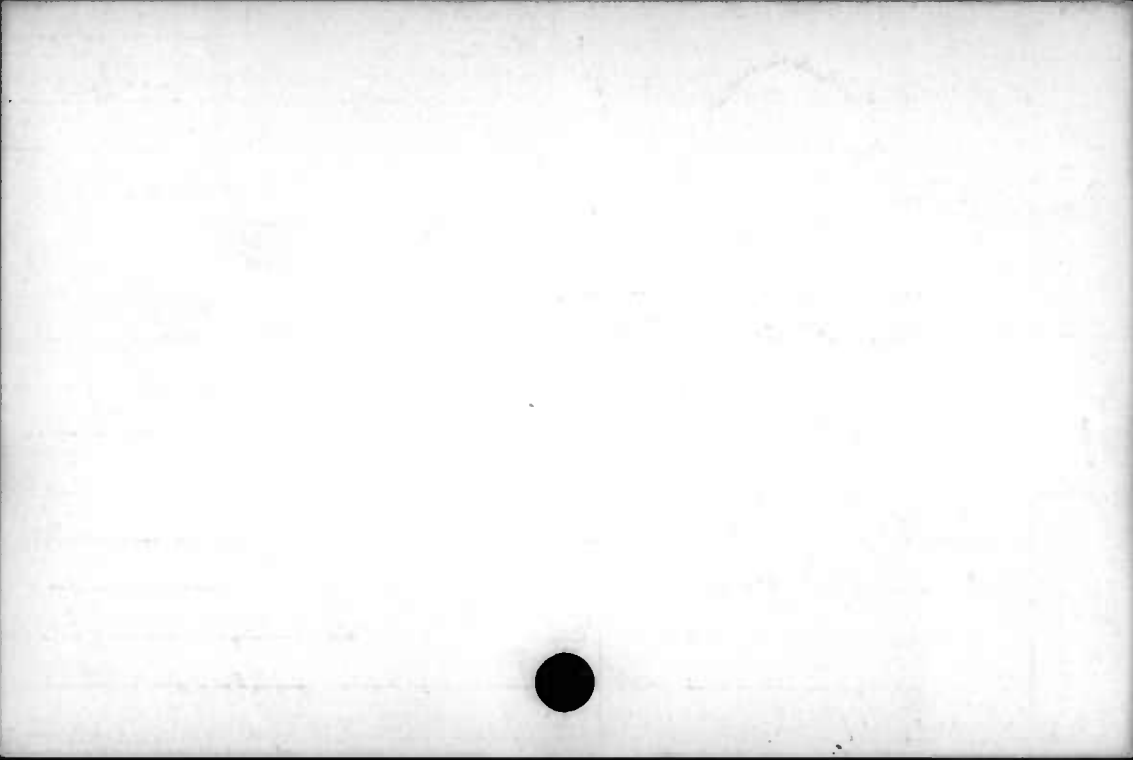
Signature of Physician August W. Miller

Address Mr W. W. W. W. W.

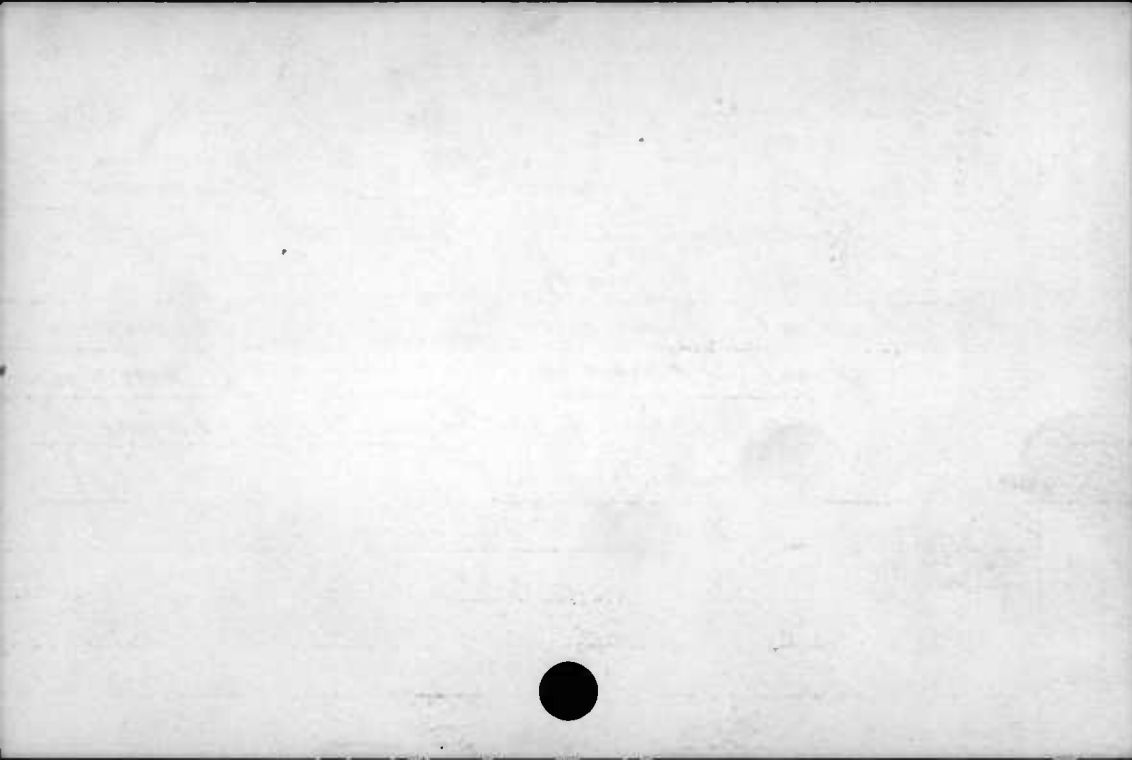
Accident or Suicide? Belts Co. Md



Name in Full		Mrs. Delilah Smalley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore		County		MARYLAND
	Date of death 190		3	Month May	Day 7	Age 71	Years
	Sex female		Color or Race white		Birth-place Md.		Months
	Married, Single or Widowed		widow		Occupation H. W.		Days
	Name of Wife or Husband						
	Father's Name Henry Barber				Father's Birthplace Md.		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information Mrs. Walsh				How related to deceased		daughter.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Pleura				How long		
	Immediate Pulmonary Oedema & Stethema				How long		
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician C. M. Suter Undertaker.				Address Hagerstown Md.		
	Accident or Suicide?				no		



Name in Full		Caroline Stahl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death 190	3	Month 5	Day 3	Years 63	Months ✓	Days ✓
	Sex	Female		Color or Race	White		Birth-place Germany
	Married, Single or Widowed	Widow		Occupation	Sales Lady		
	Name of Wife or Husband	John Stahl					
	Father's Name	Unknown				Father's Birthplace	Germany
	Mother's Maiden Name	Do				Mother's Birthplace	Do
	Name of person giving information	Emma L. Harris				How related to deceased	Friend
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastritis			104	How long	24 days
	Immediate	Gastritis				How long	24 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. H. W. D.	
	Address				111 P. Howardway		
Accident or Suicide?							



Name in Full		George Staufenberger				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton		County		BALTIMORE	
	Date of death 1903		May		Day 9 1/2		Age 79	
	Sex		Male		Color or Race		White	
	Married, Single or Widowed		Widower		Occupation		Gardner	
	Name of Wife or Husband		Lena Link					
	Father's Name		don't know				Father's Birthplace	
	Mother's Maiden Name		don't know				Mother's Birthplace	
	Name of person giving information		Catharine Reuter				How related to deceased	
		Germany						
		Months						
		Days						
		Birth-place						
		Germany						
		Widower						
		Gardner						
		Lena Link						
		don't know				Germany		
		don't know				Germany		
		Catharine Reuter				Friend		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Valvular Disease Heart				How long	
							8 mos	
	Immediate		Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. N. Atkey	
					Address		2 Hubbard St	
	Accident or Suicide?							

Germanus Tirance

May 10th 1903

Schwartz's Cemetery

Name
in
Full

May Elizabeth Stansbury

CERTIFICATE OF DEATH

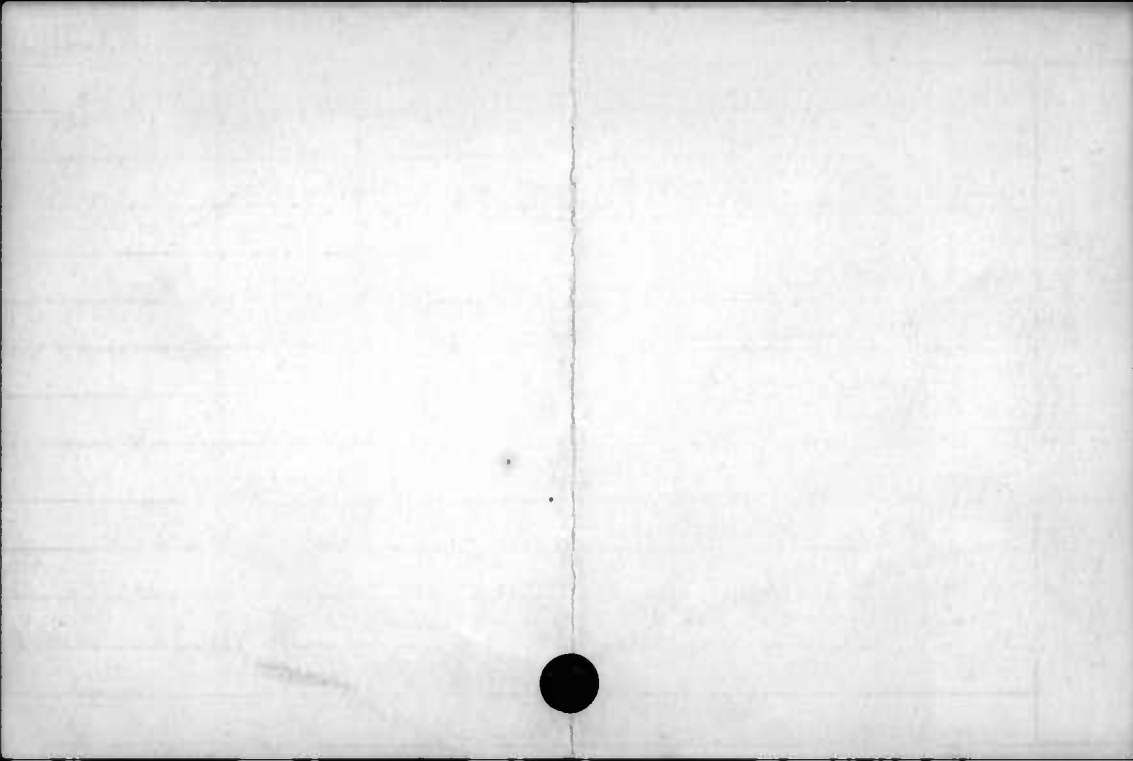
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shawhan</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>20</i>	Age <i>45</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Federal Hill Harford Co.</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife <i>William Stansbury</i> Husband					
Father's Name <i>Wm E. Bull</i>			Father's Birthplace <i>Harford Co. Md.</i>		
Mother's Maiden Name <i>Elizabeth Bull Smythson</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>William Stansbury</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hepatic Abscess</i>	How long <i>1 1/4</i>
Immediate <i>General Exhaustion</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Orzech M.D.</i>
	Address <i>Butler Md.</i>
Accident or Suicide?	



Richard E. S. Stapleton

Town

County

Died at

MARYLAND

St Denis Baltimore
 Month Day Y. M. D. Native of Occupation
 Date 1903 May 30 Age 50-0-27 Maryland R.R. Conductor
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

Husband of Joelada Stapleton

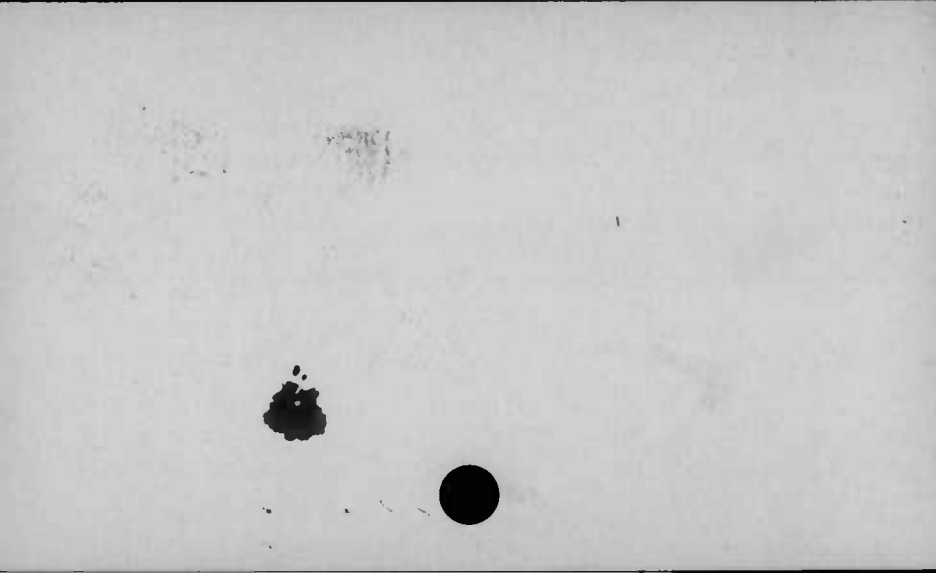
Wife
 Father's Name Laertes Stapleton Mother's Name Mary C. Baldwin
 Maiden Name

Cause of Death { Primary Diabetes Mellitus How long sick Indefinite
 Immediate Coma re - Accident, Suicide, Homicide

Reported by M. R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas E Stutzka

Town

Corbett

County

Baltimore

MARYLAND

Died at

Date 1903

Month

May

Day

5

Y.

M.

D.

24

Native of

Md

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Fredric Stutzka

Mother's

Maiden Name

Ella Miller

Cause of

Primary

How long sick

Death

Immediate

Premature Birth

Accident, Suicide, Homicide

Reported by

J. R. Payne

Address

Corbett Md

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

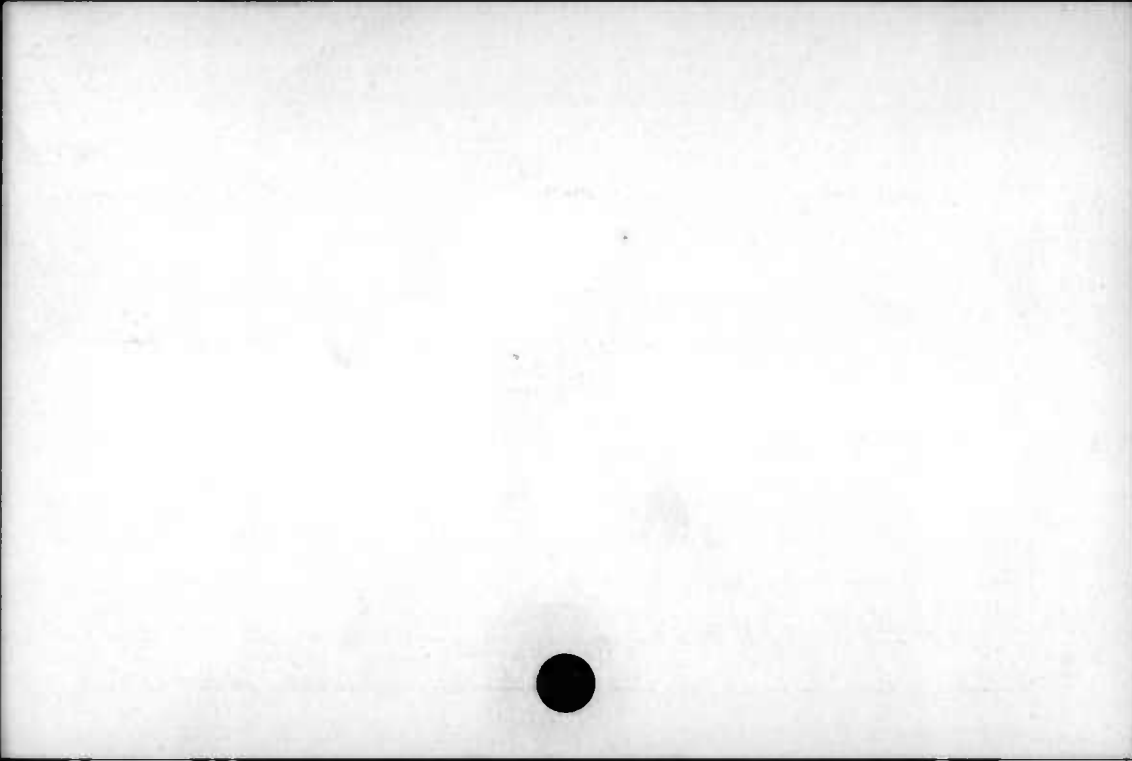
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>10</i>	Age <i>88</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>				
Married, Single or Widowed <i>widower</i>			Occupation <i>Day Laborer</i>				
Name of Wife or Husband <i>Deceased</i>							
Father's Name <i>Thomas</i>			Father's Birthplace <i>Annapolis Md</i>				
Mother's Maiden Name <i>Sophie Matthews</i>			Mother's Birthplace <i>() ()</i>				
Name of person giving information <i>John Carroll</i>			How related to deceased <i>former mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>3 months</i>
Immediate <i>Shock</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>James York M.D.</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chas. M. Thompson

Died at *Md. Hospital for Insane* *Calonsville* *Balt. Co* **MARYLAND**

Date of death 190 3 Month 5 Day 10 Age 73 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Married, Single or Widowed Single Occupation Farmer -

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name W Mother's Birthplace _____

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Dementia How long 3 weeks

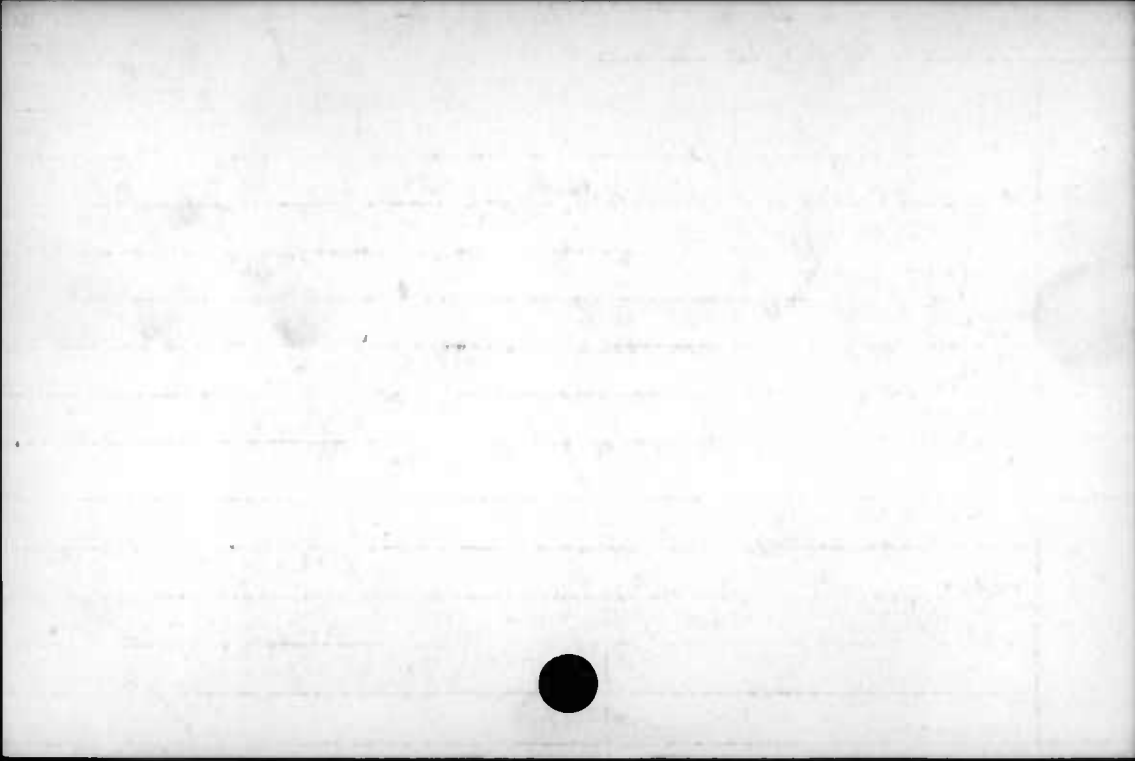
Immediate Senility How long 3 days -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. P. [Signature]

Address Calonsville
Md.

Accident or Suicide? _____



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. Tracy.</i>		Town <i>Govanstown</i>		County <i>Bald.</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>18</i>		Age <i>56</i>	
Date of death 190 <i>3</i>		Months <i>5</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Nurse</i>					
Name of Wife or Husband							
Father's Name				90			
Mother's Maiden Name				Father's Birthplace			
Name of person giving Information				Mother's Birthplace			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>		How long	
Immediate <i>Bronchitis</i>		How long <i>5 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Barron, M.D.</i>	
		Address <i>Govanstown Md.</i>	
Accident or Suicide?			



Name in Full		Rossley Tyler-				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baltimore County		MARYLAND	
		Date of death 1903	Month May	Day 21	Age 4	Months 10	Days
		Sex Female	Color or Race white		Birth-place Virginia		
		Married, Single or Widowed Single		Occupation ✓			
		Name of Wife or Husband					
		Father's Name Bailey Tyler		53		Father's Birthplace Virginia	
		Mother's Maiden Name Anna				Mother's Birthplace Virginia	
Name of person giving information		J. A. Viridine		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Lymphatic Leukemia			How long 5 months		
		Immediate Pneumonia			How long 2 days.		
		Are the name, age, sex, color, date and place correctly given above? Yes.			Signature of Physician E. K. Owings		
					Address 1621 Linden Ave Baltimore		
Accident or Suicide?							

Haymarket V
P W-C

Name
in
Full

Bizim Waterah -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>May</u>	Day <u>23</u>	Age <u>15</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Adem Waitchak</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Josephine</u>		Mother's Birthplace <u> </u>			
Name of person giving information <u>Henry obermuskil</u>		How related to deceased <u>Employer</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Wound made by sting of a Cat Fish</u>	How long <u>6 days.</u>
Immediate <u>Septic Poison and Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frank H. Rubl</u>
<u>Yes</u>	Address <u>Lansdowne, Balt Co. Md</u>
Accident or Suicide? <u> </u>	

W. Solunsky

Name
in
Full

Herbert Penfield White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoffmanville</i>			County <i>Baltimore</i>			MARYLAND		
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>13</i>	Age <i>21</i>	Years	Months <i>10</i>	Days <i>9</i>		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>						
Name of Wife or Husband								
Father's Name <i>William T. White</i>				Father's Birthplace <i>Baltimore city</i>				
Mother's Maiden Name <i>Mattie Fuhrman</i>				Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>William T. White</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs -</i>	How long <i>One year</i>
Immediate <i>Malnutrition</i>	How long <i>2 weeks,</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Joseph S. Balduino</i>
	Address <i>Freeland</i>
	<i>Baltimore Co</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Died at

Lydia Why
 Town *Texas* County *Baldwin*

MARYLAND

Date 1903

Month *5* Day *28*

Y. *5*

M. D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

about 2 weeks

Accident, Suicide, Homicide

Reported by

Dr. Theo. C. Bussey

Address

Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *John W. Wimer*
 Died at *Glyndon* Town *Bald* County *MARYLAND*
 Date 19 *03* Month *May* Day *24* Y. *82* M. *8* D. *12* Native of *Mo* Occupation *Stone Mason*
 Male *White* ~~Married~~ ~~Widow~~ Divorced *Yes*
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *none*
 Husband of *116*
 Wife *116*
 Father's Name *Samuel Wimer* Mother's Maiden Name *Unknown*
 Cause of Death { Primary *Eponema. general color* How long sick *2 days*
 { Immediate *Pneumonia* Accident, Suicide, Homicide
 Reported by *Dr. H. B. Berman*
 Address *Cockeysville* *Bald Co. Mo*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Pidge Cemetery May 31

Name in Full

Certificate of Death

Died at

Date 189

Male
Female

Husband
Wife
Father's
Name

Cause of
Death

Reported by

Address

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Widow

Number of children living

Mother's
Name

How long sick

Primary

Immediate

about
mentioned
disease

Accident Suicide Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45000



Name in Full

Certificate of Death

Died at

Date 19

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ellie Moore Wright

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

03

May 24

Age

74 yrs

Md

—

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Name

Mother's

Married Name

Primary

Immediate

How long since

Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79889

Shwach & Mowen
Undertakers.

Interment Elkton
Md.

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		
		Date of death 1903 <i>May</i> <small>Month</small>		<i>15</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Balti Co Md</i>	
		Married, Single or Widowed <i>single</i>		Occupation <i>None</i>		
		Name of Wife or Husband <i>—</i>				
		Father's Name <i>George Geager</i>		Father's Birthplace <i>Md</i>		
		Mother's Maiden Name <i>Carrie V. Benz</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John F. Benz</i>		How related to deceased <i>Grandfather</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>difficult delivery</i>		How long <i>5 days</i>		
		Immediate <i>Cerebral hemorrhage</i>		How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Schenck, M.D.</i>		
				Address <i>1013 Canton St.</i>		
Accident or Suicide? <i>—</i>						

Mount Carmel Cemetery

May 16th - 1903

Germanus Thane

Undertaken

Name in Full		Wm J. Zeh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 190		Month	Day	Years	Months
		Sex		Color or Race		Birth-place	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information		Records J. H. Hope		How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		Accident or Suicide?				Address	
		mauia Chronic - Dementia					
		Gen. Exhaustion					
		Yes				Frank J. Flannery	
						Wm Hope Retrieh	
						Baltimore Md.	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Belbville</i>		County <i>Baltimore</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>11th.</i>	Years <i>5-6</i>	Months <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Belbville</i>	
	Married, Single or Widowed <i>Widower</i>		Occupation <i>Stone Mason.</i>		
	Name of Wife or Husband <i>Not living</i>				
	Father's Name <i>Alexander Gimmerman</i>		Father's Birthplace <i>Belbville</i>		
	Mother's Maiden Name <i>Rebecca Gimmerman</i>		Mother's Birthplace <i>Belbville</i>		
Name of person giving In formation <i>Howard Backen</i>		How related to deceased <i>None</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Heart Failure</i>			How long <i>179</i>	
	Immediate <i>Heart Failure</i>			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Nicholas H. Hopel, P. Coroner</i>	
	<i>Yes</i>			Address <i>Powhatan, Va.</i>	
Accident or Sulcide? <i>Inquest</i>					

A. S. Marshall

May 13-03

Heoball Cemetery

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Highlandtown		Baltimore		MARYLAND				
	Date of death 1903		Month May	Day 3 rd	Age	Years 25	Months		Days		
	Sex		Male		Color or Race		White		Birth- place		
	Married, Single or Widowed		Married		Occupation		Masterman				
	Name of Wife or Husband		Annie M. Kemp								
	Father's Name		Gerhard - Gink				Father's Birthplace		Germany		
	Mother's Maiden Name		Sylvia Gahl				Mother's Birthplace		Germany		
PHYSICIAN OR CORONER	Name of person giving In formation		Sylvia Gink				How related to deceased		Mother		
	CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Tuberculosis (Lung)				How long		6 weeks		
	Immediate		Exhaustion				How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Mourner Rona		
	Accident or Suicide?						Address		1830 E. Baltimore St Baltimore Md		

Germanus Francis

Holy Redeemer Cem.

May 9th 1903

Name in Full		Gertrude Zwick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND	
		Highlandtown		Baltimore				
		Date of death 1903	Month	Day	Age	Years	Months	Days
		May		18th	69			
		Sex	Female	Color or Race	White	Birth-place	Germany	
		Married, Single or Widowed	Married		Occupation	Housewife		
		Name of Wife or Husband	Christian Zwick					
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		Husband Christian Zwick						
		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Scurvy						
		Immediate				How long		
		Embolism						
		Are the name, age, sex, color, date and place correctly given above?				Yes		
				Signature of Physician				
				Address				
				2 Starke Ave				
Accident or Suicide?								

